**PART A: CONSENT FORM**

**Child’s full name**: (surname last and in CAPITALS)

**Child’s date of birth:**

**Consent to Participate**

I ………………………………… consent to my child …………………………………… attending and participating in [insert name, date and location of activity]

In the event that you are unable to communicate with me [or my nominated emergency contacts], I consent to my child receiving such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense.

I have informed you of any allergies or other medical conditions of my child relevant to this activity and will make any necessary medication available

………………………………………………. ………………………………………………………………..

Signature of Parent/Guardian Print name (surname last and in CAPITALS)

……………………………………………..

Relationship to child

………………………………….

Date