

Rendezvous weekend away to Weycroft Hall - Consent form
Friday October 16th – Sunday 18th 2009

Part A – to be completed by all participants

Full name

Date of birth

Address

.....

.....

Postcode

Home telephone number

Mobile telephone number

Part B – to be completed by all participants

Doctors name

Doctors address

.....

.....

Doctors telephone number

Details of any medication being taken

Details of any other health problems we should be aware of

.....

Details of any special needs

.....

Details of any dietary requirements

Part C – Emergency contact details

Please fill in the details of the person to contact in case of emergency

Full name

Address

.....

.....

Postcode

Home telephone number

Mobile telephone number

Part D – To be completed by person(s) with parental responsibility for participants under the age of 18 years of age

I/we give permission for to attend the Rendezvous weekend away and take part in all activities.

In case of illness or accident, I/we authorise:

- a)** the leader(s) of the event to sign on my/our behalf any written form of consent required by medical authorities if a delay in obtaining my signature is considered inadvisable or unnecessary by the doctor or surgeon concerned.
- b)** the leader(s) to administer first aid and prescribed and non-prescribed medication.

NB Both parents/guardians should sign where applicable.

Signed..... Signed.....

Print..... Print.....

Date..... Date.....

Please use space below if address/phone numbers etc differ from part C