



Parental consent for residential trips

Details of trip/activity: _____

Details of transport: _____

Departure time and location: _____

Return time and location: _____

Name of child in full: _____

Sex: _____ Date of birth: _____ Age: _____

Emergency contact name: _____

Number (work/home/mobile): _____ Relationship to child: _____

Alternative emergency contact name: _____

Number (work/home/mobile): _____ Relationship to child: _____

Medical information

Does your child have any medical conditions that require treatment? Yes No
If so please give details including any medication required:

Does your child suffer from asthma? Yes No
If so, please give brief details and any medication required:

Does your child suffer any other allergy? Yes No
If so, please give details:

Does your child have any specific dietary requirements? Yes No
If so, please give details:

Is your child able to swim 50 metres? Yes No

Please provide any other information you feel is necessary:

- I have received details of the above activity and consent to my child's participation in these activities.
- I am aware of the ARA's *Safeguarding and Protecting Children Policy*.
- I acknowledge that the club will only be liable in the event of any accident if they have failed to take reasonable steps in their duty of care for my child during the activities.
- I agree to be at the drop-off/pick-up point at the agreed time.
- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I consent to my child receiving medication as required and any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent/guardian signature: _____ Print name: _____

Date: _____