

CONSENT FORM TEMPLATE: ADULTS NOMINATED BY PARENTS

I give consent for my child

to accompany (*nominated adult*)

to

from (date) to

Where applicable:

I have been informed about the nature of the accommodation and the likely sleeping arrangements. I understand that there may be communal facilities, which include communal sleeping arrangements.

I understand that the above adult will endeavour to ensure that appropriate sleeping accommodation will be arranged for my child, with regard to age and gender and with regard to the needs of other members present.

I declare that my child has the following medical condition:

I declare that my child is taking the following medication:

In the event of illness or an accident requiring emergency hospital treatment, I authorise the adult named on this form to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor concerned.

Signed(parent) Date

Address

Tel Mobile