



The Rotary Club of Stafford

Parental Consent Form

This form must be completed for all participants under the age of 18 taking part in Stafford Rotary Club Sleep Out and returned to Karen Milligan, 15 Megacre, Wood Lane, Newcastle under Lyme ST7 8PA no later than **10th May 2019**. Failure to do so may result in your being unable to participate in the event.

Child's details

Name:		D.O.B.	
Address:			
Contact details for adult responsible for child during the Sleep Out:	Name: Tel No:		
Parent/guardian's name and contact details:	Name: Tel. No:		
Details of any medical condition, allergies, phobias or disabilities which your child may have (if any):			
Details of any medication (please ensure an adequate supply is brought to the event):			
Details of family Doctor:	Name: Surgery address: Tel No:		
Any other information you think the organisers should know:			

Consent

I have read and understood the Terms and Conditions of participation in the Stafford Rotary Club Sleep Out, I give consent for my child (named above) to obtain sponsorship for and take part in the event and I will not hold the organisers responsible for any damage, loss or injury.

I agree to any emergency medical treatment to be given (as considered necessary) by the medical authorities if I cannot be contacted.

Signature:		Date:	
Print Name:			

**The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. However - we have found that medical staff find this type of general consent helpful.*