

# Parental Consent and Medical Form for Kairos Residential Camp for Under 18's

Name of church/group .....

Event Kairos Christian Youth Camp [www.kairoscamp.org.uk](http://www.kairoscamp.org.uk)

Venue Hollybush Christain Fellowship, Newsham, Thirsk, YO7 4DH

Date(s):

This form must be completed by a parent/guardian in order for the child/young person to participate in the event/activity. It should be signed and returned to:

Name .....

By ..... (date)

PLEASE NOTE: IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO THE PERSON NAMED ABOVE THE YOUNG PERSON WILL NOT BE ABLE TO PARTICIPATE IN THE CAMP.

Full name of young person .....

Date of birth .... / .... / ....

Address: .....

Postcode: .....

Telephone number(s): .....

The person to contact in case of emergency during this camp is:

Name .....

Relationship to young person: .....

Address: .....

Telephone number(s): .....

Should the above not be available, please contact:

Name .....

Relationship to young person: .....

Address .....

Telephone number(s): .....

young person's registered GP

Name .....

Address .....

Telephone number(s): .....

National Health Number .....

Please state date of last anti-tetanus injection (if known) .... / .... / ....

Does the young person suffer from any allergies? Yes [ ] No [ ] (Please tick)  
(e.g. medicine, food, insects...) .....  
(If yes, please give details) .....

Does the young person have any medical/mental health conditions which we should be aware of? Yes [ ] No [ ] (Please tick)  
(e.g. asthma, fits, migraine, epilepsy) .....  
depression (If yes, please give details) .....

Does the young person have any disability or sleep disorders which we should be aware of? Yes [ ] No [ ] (Please tick)  
(If yes, please give details) .....

Is the young person taking any medication? Yes [ ] No [ ] (Please tick)  
(If yes, please give details.) .....

Has the child/young person been in contact with or suffered from any disease which is or may be contagious or infectious, in the last four weeks? Yes [ ] No [ ] (Please tick)  
.....  
(If yes, please give details.)

### **Declaration**

Please note that this declaration can only be signed by those with parental responsibility (e.g. this does not include a foster carer).

- I give permission for .....[insert name] to take part in the event named above.
- I consider my son/daughter to be medically fit to participate in the activities outlined.
- I require that my son/daughter be excluded from the following: .....

I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE BY THE DATE OF THE EVENT.

In an emergency and/or if I cannot be contacted, I am willing for my Young person to receive necessary hospital or dental treatment including an anaesthetic:

Yes [ ] No [ ] (Please tick)

Signed (parent or adult with parental responsibility) ..... Date .... / .... / .....