

# Parent Consent Form – Youth Activity Easter 2017

Wednesday 5<sup>th</sup> April – Battlefield Live

Wednesday 12<sup>th</sup> April - Bushcraft

Child's Name

Date of Birth

Address  
Inc Postcode

Parents Name

Contact Tel No

Email details

Name of Person  
Collecting young person

Relationship to  
Young person

## Medical information

Are there any medical problems/allergies we need to know about? **YES/NO** If YES please provide further information in the box below and provide your GP name and address including phone number.

I hereby verify that the information stated above is correct and give my full consent to my child receiving emergency medical first aid if required.

Parent /Guardian details – please sign and date below:

## Photography permission:

I give my full consent for my child to be photographed as part of the group by the parish council for promotional purposes only (leaflets/website, etc) **YES/NO**

Please include your payment of **£7.50 per child per session** at time of booking. Cheques payable to “Brickhill Parish Council” or payment via BACS please quote your surname as the reference, Co-Op Bank, Sort Code 08-92-99 A/C No 65349052. Please complete this form and return to:

Please complete this form and return to: Brickhill Parish Council, St Mark's Church Community Centre, Calder Rise, Bedford MK41 7UY [clerk@brickhillparishcouncil.gov.uk](mailto:clerk@brickhillparishcouncil.gov.uk) Tel: 01234 271708