



**Parental consent form**

*(Please complete both sides of this form and return it to your RSPB Youth Leader)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Tel No \_\_\_\_\_ Date of birth \_\_\_\_\_

**Please provide contact addresses and telephone numbers for both parents/guardians.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel (Home) \_\_\_\_\_

Tel (Home) \_\_\_\_\_

Tel (Work) \_\_\_\_\_

Tel (Work) \_\_\_\_\_

Is your child allowed home from meetings on his/her own?  Yes  No

If no, who will collect your child?  
(Please notify us if this changes) \_\_\_\_\_

**Medical/Special Requirements**

Does your child take regular medication  Yes  No

Does your child have a disability, allergy or special needs?  Yes  No\*

Does your child require routine use of medication (eg inhaler)?  Yes  No\*

If slightly cut, may we apply a plaster?  Yes  No\*

Does your child require a special diet?  Yes  No\*

\*please provide additional information overleaf.

Name & address of child's doctor \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

Date of last anti-tetanus injection \_\_\_\_\_

**Additional information**

*(if appropriate)*

**Data Protection Statement**

This information will be securely held by the RSPB youth leader, and will be used for group purposes only. Details will not be sold or given to any third party. Please ensure that the registered RSPB youth leader is informed of any changes to this information.

While I appreciate that every attention will be given to personal safety, in the event of an accident, I permit the RSPB youth leader to authorise any medical treatment, which he/she believes necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_