



CONSENT FORM FOR RESIDENTIAL AND NON-RESIDENTIAL EVENTS

TO BE USED IN CONJUNCTION WITH MEC ESSENTIAL INFORMATION AND MEDICAL FORM

Event Details

Event Cost

Dates

Location

Names of Responsible Leaders

Mode of transport

Young Person/ Child Information

Young person/ Child's full name

Young person/ Child's Mobile Phone No

To be completed by the young person/ child

I promise to abide by all rules and plans set forth by the leaders of MEC during the course of this event.

Young person's signature Date

To be completed by Parent/ Carer

I am the legal guardian of the child named above and hereby give my permission for the named child to participate in the above named event with the leaders of MEC **YES/ NO**

I understand that my child will be under the care of the named leaders and will abide by the rules and guidelines laid down by the leaders of the above named event and if my child's behaviour during the event is unacceptable I may have to collect my child. **YES/ NO**

I understand that in the event of a medical emergency that the leaders of MEC will do everything in their power to contact me personally, but that in the event that they are unable to do so, I give my permission for the leaders to seek necessary medical attention for the child named above. **YES/ NO**

In the event that my child needs to take prescribed medication, I authorise the leader(s) to supervise my child taking the medication. (All medication must be in original packaging, clearly labelled with child's name together with the dosage and instructions for use and handed to the visit/activity organiser prior to departure for safekeeping). **YES/ NO**

In the event that my child (age over 12) requests pain relief, I give permission for a normal dose of 1 or 2, 500mg tablets of pain relief to be given. The leaders will inform me if this is given..... **YES/ NO**

Parent/ Carer's name & signature Date

Contact details for Parent/ Carer during the event