



RETURN ADDRESS:

THINKTANK EVENT, Vocations Office, Oscott College, Chester Rd, Sutton Coldfield, B735AA
Tel: 07792 875214 Email: ann-christy@vocations.org.uk

THINKTANK NON SCHOOL SYNOD EVENT
VARIOUS DATES
VARIOUS VENUES

U18 PARENTAL CONSENT FORM

1 ATTENDEE	
FULL NAME	
DOB	
SCHOOL/PARISH NAME	
YEAR GROUP (SCHOOL)	
2 PARENT/GUARDIAN	
HAS YOUR SON/ATTENDEE GOT ANY SENSITIVITIES/ALLERGIES (EG PENECILIN)? IF SO, PLEASE GIVE DETAILS	
IS HE ON ANY REGULAR MEDICATION (EG INHALER, INSULIN, ANTI EPILEPTICS)? IF SO, PLEASE GIVE DETAILS	
IS HE ALLERGIC TO ANY FOOD PRODUCTS? IF SO, PLEASE GIVE DETAILS	
ARE THERE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF? (PLEASE TICK)	
YES	NO
IF YES, GIVE DETAILS	
PLEASE GIVE THE CONTACT DETAILS FOR YOUR FAMILY DOCTOR	
DOCTOR NAME	
DOCTOR ADDRESS	

DOCTOR TEL	
PLEASE GIVE DETAILS FOR A CONTACT IN CASE OF EMERGENCY	
EMERGENCY NAME	
EMERGENCY TEL	
EMERGENCY ADDRESS	
<p>I give full permission for the person named above to take part in this event. In the event of illness or accident I delegate the organisers or their assistants to authorise in my name any medical treatment that my son/attendee may require.</p> <p>I accept that should my child break the event rules, the organisers will not be held responsible for my child's actions, and I agree to collect my child from the venue if asked to do so by a member of the event team.</p> <p>I understand that filming and photography may take place during the event, and give consent for any footage that includes my son/attendee to be used by the event organisers and their partner organisations.</p>	
Parental/Guardian SIGNATURE and DATE below	
SIGNATURE	
RELATIONSHIP TO CHILD	
DATE	

