



PRFC – Parental Consent form for away trips and tours

Travel Venue: _____

Travel Dates: _____

Lead Officer on trip: _____

1. Personal Details

Name of Child	Age	
Date of Birth		
Parent / Guardian		
Address		
Contact numbers	Mobile	
	Home	
	Work	
Alternative name and contact number		

2. Child's Doctor and Medical Information

Name of Doctor	
Address	
Contact Number	
Medical Conditions	
Allergies	
Dietary Requirements	
Further Information	



3. Declaration

I have received comprehensive details of the proposed trip / tour. I consent to my child taking part in the activities indicated. I agree to be at the pick up / drop off point at the agreed time. I confirm to the best of my knowledge that my child does not suffer from any other medical condition other than those indicated. I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

AUTHORISATION:

Print Name: _____

Signature: _____

Date: _____