

**BALLYCLARE PRESBYTERIAN CHURCH**  
**CONSENT FORM FOR SPECIAL OUTINGS/ACTIVITIES**

ORGANISATION: \_\_\_\_\_

**DETAILS OF OUTING:**

DATE: \_\_\_\_\_ COST: \_\_\_\_\_

TIMES: (LEAVING) \_\_\_\_\_ (RETURNING) \_\_\_\_\_

METHOD OF TRANSPORT: \_\_\_\_\_

COLLECTION ARRANGEMENTS: \_\_\_\_\_

Please indicate details of any know medical conditions, allergies, special needs or requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

On signing this form we will assume you have given permission for all of the above unless otherwise informed.

**I note the arrangements and give permission for my child \_\_\_\_\_ to take part in this outing/activity.**

Signed: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Telephone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Second Contact Person: Home: \_\_\_\_\_ Relationship to child \_\_\_\_\_