

MDC4YP AND NETWORK 2010 SUMMER PROGRAMME
PARENTAL CONSENT FORM

Declaration

Declaration: PARENT/GUARDIAN (of participants under 18 years of age)
I give my consent for my son(s)/daughter(s) to be apart of this years summer activities running from 19th July – 4th September 2010

In signing this document:

- I have read and fully understand the information relating to the proposed activity;
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged;
- I consider my son/daughter/ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the activity date;
- I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present;
- It is advisable that your son/daughter/ward does not bring any expensive electrical items. If they do they are solely responsible for them. If they do decide to bring a mobile phone it must be switched off at times deemed by the group leader.

Name

Signed

Jan Bowra

Date

Declaration: PARTICIPANT (All)

I, as a participant in the stated activity, agree to abide by the rules and act upon the instructions of staff.

Name

Marlborough Development Centre for Young

People

Signed

Date

PLEASE RETURN TO THE ADDRESS DETAILED BELOW

Name

Address