

Brecon Bible School 19th-24th August 2019

PARENT CONSENT / GUARDIAN ACCEPTANCE

For the responsibility of minors

Child's Name:D.o.B

Home address

.....

PARENT CONSENT

I confirm that my child, named above, will be under the care of('Guardian') who has agreed to be responsible for my child during his/her stay at Brecon Bible School.

Further, if any urgent medical or dental problem should arise, the Guardian named above should immediately be notified and I give my consent for a local or general anaesthetic to be administered by a medical practitioner or dentist, and also for any other immediate treatment or first aid that is deemed necessary.

Current medication:

Any known allergies to medication:

Any known allergies to dressings/antiseptics:

NOTE: Every effort will be made to contact the parent in case of any emergency. However, should this not be possible, the above Consent arrangements will apply.

Parent Name:

Signature:

Date:

Contact telephone No:

email address:

GUARDIAN ACCEPTANCE:

Guardian Name:

Signature:

Date: