

Churwell Out of School Group  
Consent form

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_

### Emergency medical treatment

We will make every attempt to contact you if your child needs emergency treatment. The following consent gives your agreement for your child to receive emergency medical treatment if you, or the named emergency contacts on the registration form, cannot be contacted.

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signature:

Name:

Date:

### Skin allergies

We offer some messy activities which may involve contact with your child's skin. Please do not give permission to the following if you are aware your child has a skin allergy to the products.

I give permission for my child to have face painting or similar to hands/arms/feet.

Signature:

Name:

Date:

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### Trips and visits

As part of the holiday playscheme we may arrange trips and visits. To take your child on a visit we need your consent in advance. You will be advised of arrangements for any visits when a holiday playscheme booking is confirmed. In general we will recruit additional staff to accompany children on visits; we will take a list of your emergency contact numbers; a first aid kit will be taken; and we will be contactable by mobile phone for emergencies.

I agree to my child taking part in the following types of trips and visits.

- Sports activities (excluding swimming)
- Outdoor activities
- Local trips and walks
- Visits using public / hired transport

Signature:

Name:

Date: