

Consent Form



I give permission for my child to attend
ROCK SOLID Summer Camp:

Young person's full name	Date of birth
Address	
Emergency contact phone no	Alternative phone no
Email address:	
Allergies or medical conditions we need to know about	
GP's name	GP's phone no
In the unlikely event of illness or accident, I give permission for appropriate first aid to be given. In an emergency, and if I can't be contacted, I'm willing for my child to be given hospital treatment. I understand that every effort will be made to contact me asap.	
<input type="checkbox"/> If available, I give permission for my young person to be transported to and from the RS summer camp.	<input type="checkbox"/> I'd like to receive information about future events organised by ECF.
Signature of Parent/Guardian	Date