

Steibis
6th – 12th August 2017
Parental Consent

Name of Attendee:

Date of Birth:

Emergency contact details:

Name:

Address:

Phone Number:

Relationship:

Steibis 2017 permission (6th – 12th August 2017):

☑ I give permission for to attend Steibis and take part in the various activities arranged.

☑ Steibis provides a variety of activities, some of which may involve a certain degree of risk. Your son or daughter will not be forced to undertake any activities that they do not want to join in with.

☑ In the unlikely event of an accident, I give permission for first aid to be administered to my son / daughter by a trained adult. I give permission for my son / daughter to be treated by a GP / hospital, including treatment under general anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible and I certify that I am the parent / carer and have the responsibility to sign this form.

Signed Parent / Carer

Date