**PARENT/CARER ACTIVITY CONSENT FORM**

Visits/activities under the care of Berkeley Guardians and

Host Family – Essential Information

It is essential that parents/carers complete the information below and return the form to Berkeley Guardians prior to any visit/activities, in the event of any unforeseen circumstances

VISIT/ACTIVITY

………………………………………………………………………...…………………………………………………

Name of Child

................................................................................................

Date of Birth..............................................................................

Nationality …………………………………………………………………………………………………………

Native Language…………………………………………………………………….......................

Address.......................................................................................

................................................................................................

Tel No.......................................................................................

Emergency Contact No...................................................................

Mobile Tel No..............................................................................

**Medical Information**:

Name of Doctor.............................................................................

TelNo…………………………………………………………………………………………………………………..

Address.......................................................................................

................................................................................................

Date of last Tetanus Injection...................................................... ……

Any Allergies

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................................................................................................

Any Special Medical Treatment *(written medical instructions must be provided if your child needs medication)*

………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………

Any Significant Medical/Personal Information

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**Declaration:**

☐ I agree that my child may participate in the activity/trip  
☐ I agree that my child is fit to participate in the activities to be undertaken  
☐ I give permission for any anaesthetic, dental or medical treatment which may be necessary whilst my child is away from home

Name of 1st Parent/Carer

…………………………………………………………………………………………………………………………….  
Signature

................................................................................................

Date..........................................................................................

Name of 2nd Parent/Carer

.......................................................................................

Signature

................................................................................................

Date..........................................................................................