



Sample Parental Consent Form (Trips Away)

Participant's Details

Name : _____

Mobile Phone Number: _____

Age: _____ Date of Birth : _____

Please provide name as it appears on passport if different from above:

Nationality on Passport:

Contact Details for parents/legal guardians

(Please note we require more than one contact for situations where contact 1 can not be reached.)

Contact Name 1: _____

E-mail: _____

Phone number: _____

Contact Name 2: _____

E-mail: _____

Phone number: _____

Please Note: We are aware that the information we are requesting in this section may be sensitive. **[Insert Name of Youth Theatre]** has a confidentiality policy and this information will be managed in line with the policy. This information will be destroyed once the purpose of it no longer exists.

Section Three: Medical/Dietary Details (To be completed by parent/legal guardian)

Has you son/daughter/ward any medical conditions or specific medical requirements?

Yes No

If yes, please give details:

Please provide details of any medication your son/daughter/ward is currently taking?

N.B. Please ensure that your son/daughter/ward has an adequate supply of medication and an internationally generic prescription for the trip.

Does your son/daughter/ward have any allergies? Yes No

Does your son/daughter/ward have any other requirements of which we should be aware?
Yes No
If yes, please give details:

Please provide contact details for your family doctor in case we need to contact them in an emergency?

Name of GP:

Address:

Contact Number:

I authorise that should the need arise, leaders may supply the following to my son/daughter/ward:

Paracetamol:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Antihistamine tablets/cream	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cream to treat a burn	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insect Repellent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sunscreen	Yes <input type="checkbox"/>	No <input type="checkbox"/>

[Please note: these are just examples and what you include here may depend on the climate of your destination and whether you will be in the countryside etc.]

I also give my permission that in the case of an emergency and in consultation with relevant medical personnel, my child may be administered medication, other than that named above, if necessary.

Yes No

Permission for taking and use of photo images/video footage etc.

I give the youth theatre and the organiser's permission to use images/video footage of my son/daughter/ward both for promotional and archival purposes.

Yes No

Declaration

I am aware that my son/daughter/ward will be attending the **[Insert Details of the Event/Exchange]**. I am aware that he/she will be accompanied by 2 adult leaders. I have informed **[Insert Name of Youth Theatre]** of any medical/dietary/other requirements of the young person in question. In the unlikely event of an emergency in which the leaders feel my presence is required, I will make myself available to travel to the event/exchange.

Signed: _____ Date _____

Please enclose the following

1. Photocopy of your son/daughter/ward's passport.
2. Written evidence of any private medical insurance if applicable?*

* Group travel insurance will be organised for the trip. Details of any private health insurance covering a young person may increase the level of care to which they are entitled in the case of an emergency. We also strongly recommend that you apply for the European Health Insurance Card (EHIC) on behalf of your son/daughter/ward. Go to <http://www.ehic> or phone your local HSE office to apply.