

to be completed by person with parental responsibility

young person details

name(s) _____

this consent form must be accompanied by a separate **contact details** form unless alive and kicking already hold one on file. please let us know of any change in the details held by alive and kicking, including change of **address** or **phone number**, change of **emergency contact** or new **medical information**.

_____ **event details**

event _____

_____ **declaration**

i give permission for the named children, for whom i have parental responsibility, to attend and be transported to and from these events. in an emergency, if i cannot be contacted despite all reasonable attempts to do so, i give permission for the named children to undergo emergency medical / dental treatment as considered necessary by the medical authorities.

signed _____ date _____

print _____

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