**Parental Consent Form**

**for travel in a private car**

**Details of bridge activity:**

**Name of Proposed Driver:**

**Pick-up Time and Location:**

**Estimated Return Time and Location:**

I agree to (child’s name) ............................................................................... ’s participation in the

activities described, and for the driver named above to transport them to and from the playing venue. Where necessary, I agree to deliver them to the pick-up location at the right time, and pick them up from the return location promptly.

**Medical information about your child**

a Does your child experience any conditions requiring medical treatment YES / NO

including medication?

If YES please give brief details: .......................................................................................................

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

b Bridge staff/volunteers are not qualified to administer medication. If your child requires specific medication please give details below ...............................................................................

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

c Is your child allergic to any medication? YES / NO

If YES please specify: .......................................................................................................................

d If your child has special dietary requirements, please give details below ....................................

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**Declaration**

I agree to my child taking part in this activity and travelling in a car belonging to the driver named above.

I agree to my child receiving medication as instructed, and any emergency treatment as considered necessary by medical authorities present. I will inform the person in charge as soon as possible of any changes in the medical or other circumstances between now and the end of the specified activity.

Signed (parent/guardian)........................................................................ Date .………………………..

Full name ............................................................................................................................................... Emergency contact numbers: ................................................................................................................

Please return signed form to:

*Insert appropriate name and address here*