

## PARENTAL CONSENT FORM

To be completed for each child under the age of 18 wishing to take part in Sleep Out and returned to us in person or by post to:

Sleep Out 2011, Stonepillow, St Joseph's Night Refuge, Hunston Road, Chichester, PO20 1NP  
by Friday 15 October

**Any Child of Junior school age must be accompanied by a responsible adult (max 4 children per responsible adult). If young people, 11-18 years, are attending as part of a school or youth group then subject to the above a responsible adult must accompany every 8 young people.**

**SATURDAY 29TH OCTOBER – SUNDAY 30TH OCTOBER 2011**

2pm (29th October) – 7am (30th October)

### Child's details

Name of child ..... Date of Birth .....

Address of child .....

..... Post Code .....

Name of school/youth group (if applicable) .....

Name of adult responsible for sleeper/s during the Sleep Out .....

Name of adult to supervise participants during the cardboard shelter competition (if different from above) .....

Parent's or guardian's name and contact details during the event .....

..... Tel: No: .....

Details of any medical condition, allergies, phobias or disabilities which your child may have. ....

Details of any medication (please ensure an adequate supply is brought to the event) .....

Date of last tetanus injection .....

Details of any dietary requirements .....

Family doctor's name, address and telephone number .....

Any other information you think the organisers should know .....

### Consent

I give consent to my child taking part in Sleep Out 2011 as detailed above, and in the Information Pack.

I agree to any emergency medical treatment to be given as considered necessary by the medical authorities if I cannot be contacted.

*N.B. The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. We have found, however, that medical staff find this type of general consent helpful.*

Signed ..... Date .....