



Residential Consent Form
MAD Weekend 2010

Full Name	
Address	
Date of Birth	
Any Medical Conditions	
Any medication your child will require while they are away.	
Any Allergies (and treatments)	
Name of Doctor	
Address of Doctor	
Any Dietary Conditions/Needs	
Contact Name for w/end	
Contact Number(s) for w/end	
Alternative Contact for w/end	
Alternative Number(s) for w/end	
Do you give permission for your child to be in photographs? Y/N	

I give permission for the above named young person to attend the MAD weekend and take part in the activities, which have been organised for the weekend.

In the event of an accident or emergency I give permission for first aid to be administered where necessary by a trained first aider or medical treatment by a suitably qualified medical practitioner.

Name (Print) _____

Name (Signed) _____

Relationship to child _____

Date _____

