

THE SHRINE OF OUR LADY OF WALSINGHAM



*Parental Consent/Medical Information Form*  
*(for parishes bringing children/young people to Shrine events)*

- Please read carefully and answer the questions as fully as possible.
- Return it to your Parish group leader at least one week prior to the trip
- This form will be stored by the leader/helpers and event organisers during the event so that it may be referred to in the event of an emergency

GROUP NAME .....

MOBILE NO. OF GROUP LEADER .....

Child's Full Name .....

Child's NHS Number ..... Date of Birth .....

Full name(s) of Parents/Guardians .....

Address .....

.....post code.....

Contact telephone numbers in the event of an emergency

Home.....

Mobile(s).....

Contact address over the weekend/week, if different from above .....

.....

Name of relative/friend to contact if you cannot be contacted in case of an emergency

..... Home tel number.....

Mobile(s).....

I give my consent for my son/daughter (name) .....to take part in the Walsingham Youth/Children's/Families Pilgrimage and for any photographs which may include your son/daughter to be published on the Shrine website, social media pages or in its publications.

Signature..... Date.....

*N.B. Activities may include:- Indoor or outdoor games/art and craft /swimming/discos/bouncy castles and other inflatable activities/drama and dance/music/BBQ – ask your leader for precise details and provide information on a separate sheet if there is any information that leaders should know about your child taking part*

**MEDICAL INFORMATION**

**Please complete the following important details:**

Is your children suffering from any ongoing illness? (Yes or No (Please circle as appropriate and give full details if 'yes')

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.....  
.....

Is he/she currently taking any medication? Yes/No  
(if yes, give details)

.....  
.....

I give my consent to my child storing and administering their own medication each day? Yes/No

I am confident that my child knows how to administer their own medication each day Yes/No

I would like the group leader to store and administer my child's medication each day Yes/No  
*(please discuss this issue fully with the group leader)*

I will supply the group leader with a spare sealed/labelled set of medication in case of loss/damage Yes/No  
*(Please discuss this with group leader)*

**Check list for children/young people suffering from Asthma**

- I am aware that my child will be staying in a rural area in close proximity to fields of grass and crops/livestock
- I am aware that, if camping under canvas, my child will experience sudden drops in temperature/humidity and damp levels, especially during the night
- I have sought advice from my GP about these issues and have discussed them with the group leader

N.B. Discuss with the group leader about obtaining a spare second set of medication from your GP that will be stored by the leader/medics on site in case your child loses/damages his/her medication.

Does your child suffer from any known allergies? Yes/No  
If yes, please give full details, including medication required.

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.....  
.....

Please write here any other information we should know about.

**Over the counter medications** - If your child should have a high temperature, headache, cough, cold, wasp sting, sprain etc. during the event, do you give your consent to him/her being administered over the counter medicines by the group leader? Yes/No

Please list any medicines you do not wish your child to be given .....

.....

Sign to give consent.....

If it becomes necessary for my son/daughter to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment and authorise the leader in charge to sign any document required by the hospital or other authorities.

Signature.....

Please give the full name/address of your GP  
.....  
.....

Telephone.....

*N.B. The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child. However, it can be of comfort to medical staff to have general consent in advance from parents to have a leader on hand to sign forms.*