



Youth Director: Tim Fudge  
St John's Church  
St John's Church Rd  
Folkestone  
Tel: 07877415065

CONSENT FORM **UNDER 18 YEARS** (Please write clearly)

Consent form **must** be returned and filled out

**I agree to** (full name) \_\_\_\_\_ taking part in the sponsored cycle, and agree to the terms and conditions regulating this (as per web site)

Date of Birth \_\_\_\_\_

**MEDICAL INFORMATION ABOUT YOUR SON/DAUGHTER/WARD**

My son/daughter/ward is in good health and I consider them fit to participate

**YES/NO**

Do they have ANY conditions requiring medical treatment, including medication?

If YES please give brief details:

**YES/NO**

Is your son/daughter/ward allergic to any medication/food/nuts/bee stings etc. If YES please give brief details:

**YES/NO**

**PLEASE NOTE: DECLARATION MUST BE SIGNED BY PARENT/GUARDIAN**

**Declaration**

I agree that in the unlikely event of an incident requiring medical treatment, I give permission for such treatment including, if necessary, the administration of an anaesthetic by suitably qualified personnel.

I have provided details below including information of any known medical conditions relating to the applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Your full name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E Mail address \_\_\_\_\_ Phone \_\_\_\_\_

During the activities, photographers may take pictures for future publicity and information material. If you are not happy for this to happen, please circle **NO**