

MISSION RESCUE

Consent

Please use a separate form for each child

CHILD'S FULL NAME

ADDRESS

EMERGENCY CONTACT NAME

PHONE NUMBER

GP'S NAME

GP'S PHONE NUMBER

ANY KNOWN ALLERGIES OR CONDITION

I confirm that the above details are complete and correct to the best of my knowledge.

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

SIGNATURE OF PARENT/GUARDIAN

DATE

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