

Medical Consent Form – Soul Survivor

Please complete the following medical form, for your child's trip to Soul Survivor.

Residential Title	Soul Survivor 2017	Dates	Week B August 2017
Venue address	East of England Showground, Peterborough		

Name of young person			
Address			
Post Code		Parents Home Tel:	
Date of Birth		Parents Mobile:	
Doctors name, address and Tel.			

Any dietary requirements:	
Any allergies and / or ongoing illnesses:	(Please include details of any medication)

Please provide below an alternative emergency contact.

Alternative Contact Name, address and Tel No.	
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I consent to joining the Nic's Youth trip to Soul Survivor.

In the event of illness or accident requiring emergency hospital treatment I authorise one of the people named below to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable or unnecessary by the doctor or surgeon concerned.

Phil Nicholls, Laura Nicholls

Signed (parent or guardian)		Date:	
Print Name			