



PARENTAL CONSENT AND INDEMNITY FOR A BBS TRIP

date

location

Declaration

I agree to _____ taking part in the above trip.

I have read the information sheet. I agree to his participation in the activities described and acknowledge the need for him to behave responsibly. If swimming is one of the activities involved, I will inform the Group Leader if I do NOT wish him/her to take part.

I agree to indemnify any supporting adult involved against:

- i. any claim made against him/her by a third party directly or indirectly arising out of any act or default of my son *and*
- ii. any costs and expenses reasonably incurred and/or other sums disbursed by him/her on behalf of my son during or as a result of the trip *and*
- iii. any loss to him/her arising from damage to or loss of property or personal injury contributed to or caused by an act or default of my son.

Provided that the indemnity shall not extend to any claim, damages, costs or expenses insofar as any supporting adult shall be entitled to be indemnified under any policy of insurance.

Medical information about your son

- Please give details below if your son
- (a) has any medical conditions requiring treatment, including medication.
 - (b) has any special dietary requirements.
 - (c) has any allergies, including food and medication.
 - (d) has recently been in contact with any contagious or infectious diseases.

--

You must inform the Group Leader of any changes in the above information prior to departure.

When did your son last have a Tetanus injection? _____

Name of family doctor: _____

Tel: _____

I agree to my son receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signature of parent/guardian: _____

Date: _____

Full name (CAPITALS): _____

Telephone numbers: _____ (daytime)

_____ (evening)

Please return this form to the Group Leader.