

UNDER 18 CONSENT FORM

PLEASE PRINT AND BRING WITH YOU ON THE DAY FOR CHILDREN - UNDER 18s

Pilgrims Way Challenge

Saturday 15th June 2024

Name of child _____ Date of birth _____

Does your child suffer from any medical conditions/allergies? Yes No

If yes, please provide details of medical condition, medicine and allergies

If yes, does your child have the necessary medication on their person? Yes No

Name of parent/guardian _____ Relationship _____

Address

Mobile _____ E-mail _____

I consent for the child named to participate in the Pilgrims event listed and fully understand the conditions of the event:

- Only participants aged 16 and over can take part in Pilgrims Way Challenge
- Participants under the age of 18 must have a Pilgrims Hospices parental consent form signed by a parent/guardian
- Parent/guardian is aware of the demands of this event and that they alone make the decision about the ability of their child to complete the event
- Parent/guardian is aware that while Pilgrims Hospices extends an invite to those aged 16 to 18 and all abilities, no special provision for children is provided at this event
- Arrangements to get to and from this event are the responsibility of the parent/guardian
- I confirm to the best of my knowledge that said child doesn't have any medical conditions/allergies or has the necessary medication for their medical condition/allergies
- Pilgrims Hospices, its staff, volunteers, agents and other participants may take photographs during the course of the event, mostly for internal use but some may be for local or national publicity purposes. It may be difficult to ensure that photographs in which your child appears will not be used in any way. If you have concerns about this please speak to the leader/organiser of the event.

Please turn over to include up to 4 more children on this parental consent form:

Signed _____ Date _____
(parent/guardian over 18)

Name of child 1 _____ Date of birth _____

Does your child suffer from any medical conditions/allergies? Yes No

If yes, please provide details of medical condition, medicine and allergies

If yes, does your child have the necessary medication on their person? Yes No

Name of child 2 _____ Date of birth _____

Does your child suffer from any medical conditions/allergies? Yes No

If yes, please provide details of medical condition, medicine and allergies

If yes, does your child have the necessary medication on their person? Yes No

Name of child 3 _____ Date of birth _____

Does your child suffer from any medical conditions/allergies? Yes No

If yes, please provide details of medical condition, medicine and allergies

If yes, does your child have the necessary medication on their person? Yes No

Name of child 4 _____ Date of birth _____

Does your child suffer from any medical conditions/allergies? Yes No

If yes, please provide details of medical condition, medicine and allergies

If yes, does your child have the necessary medication on their person? Yes No