

## RSPB Wildlife Explorer Parental Consent Form

Please complete this form and return it to your RSPB Wildlife Explorer Leader

Name:

Date of Birth:

Address:

Postcode:

Email Address:

Tel No:

Mobile:

Please provide emergency contact addresses and telephone numbers for two trusted adults.  
At least one must be the child's parent/guardian

Name:

Name:

Address:

Address:

Home Tel No:

Home Tel No:

Work:

Work:

Mobile:

Mobile:

1. Do you have any special needs. Illnesses, allergies or disabilities that may affect you taking part in group activities?

- Yes, please state  
 NO

2. Do you take any routine medications?

- Yes, please state  
 NO

3. Do you require a special diet?

- Yes, please state  
 NO

Name and address of your doctor:

Doctor's Tel No:

Date of last anti-tetanus injection:

While I appreciate that every attention to personal safety will be taken, in the event of an accident, I give permission for the leader to authorise any necessary medical treatment

Signed:

(by parent/guardian if under 18)