**AC Consent form for adult in loco parentis**

I give consent for my child ...................................................................date of birth …………….

to accompany ...................................................................... *(name of adult)*

to …………………………………………………………………

from (date) ........................................... to ...............................

In the event of illness or an accident requiring emergency hospital treatment, I authorise the adult named on this form 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 by the doctor or surgeon concerned.

Where the visit involves overnight accommodation, I have been informed about the nature of the accommodation and the likely sleeping arrangements. I understand that huts may have communal facilities which include communal sleeping arrangements.

I understand that the above adult will endeavour to ensure that appropriate sleeping accommodation will be arranged for my child with regard to age and gender and with regard to the needs of other members present.

Signed ..........................................................(parent/carer) Date ....................

Address ..............................................................................................

Tel ............................................... Mobile .........................................

***This form is to be completed by the parent/carer(s) and given to the adult named above before the activity or visit takes place.***