



HEN PARENTAL / GUARDIAN CONSENT FORM including ADDITIONAL ESSENTIAL INFORMATION

(To be completed by parent/guardian of participants under 18 years of age)

Participant Details

Name: (please print) _____

Date of Birth: _____ Gender: _____

Home Address: _____

Postcode: _____

Tel: _____ (Home, inc. STD Code) Mob: _____

E-mail: _____

Medical Details

My * son/daughter does NOT suffer from any medical condition requiring regular treatment.

My * son/daughter suffers from _____
and requires regular treatment as follows:

My son/daughter can administer this treatment him/herself. YES/NO

Do you consent to any medical treatment being given in an emergency? YES/NO

Emergency Contact Details

Emergency telephone numbers (inc. STD Code):
Mob: _____ Work: _____ Other: _____

I agree to my * son/daughter attending the Highland Environmental Network Conference on Sat 6 March, 2010

Name of * Parent/Guardian (BLOCK LETTERS) _____

Signature of * Parent/Guardian _____ Date _____

RECORDING OF CONFERENCE

The HEN Conference will be recorded by way of photograph, video or vocal recording which at a later date may be used to promote the work of the Highland Environmental Network. We would be grateful if you could indicate whether or not you are willing to allow any such record of your child to be used for these purposes.

I give } Permission for any photographs, video or vocal
I do NOT give } recordings to be used to promote the Highland
Environmental Network.

Sign * Parent/Guardian _____ * DELETE WHICHEVER DOES NOT APPLY Date _____

Office contact details:

Highland Environmental Network

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