

To be completed by Parents of Individuals travelling to the United Kingdom under the age of 18:

Name of Participant: .....

Date of Birth: .....

Address and Telephone number of parents whilst he/she is in the United Kingdom:

.....  
.....  
.....  
.....

Emergency Telephone number: .....

I hereby give permission for any emergency medical treatment necessary to be carried out for the well-being of my child:

.....

whilst he/she is in the United Kingdom under the responsibility of:

.....

Signed: .....

Parent/Guardian

Date: .....