



**CONSENT FORM FOR A CHILD ATTENDING  
AN FSC ASSOCIATE CAMP WITH AN ADULT OTHER  
THAN THEIR LEGAL PARENT OR GUARDIAN**

Camp Name and No: \_\_\_\_\_

Dates: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone no: \_\_\_\_\_

Email: \_\_\_\_\_

Name, address and phone number of child's GP: \_\_\_\_\_

\_\_\_\_\_

**Contact details of the adult who will be on the camp and taking full  
responsibility for the child for the duration of the camp**

Name of accompanying adult on camp \_\_\_\_\_

Their home address: \_\_\_\_\_

Phone no: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby give permission for my child named above to attend the above Associate Camp organised by Forest School Camps. My child will attend the above camp in the company of the adult named above who will be in loco parentis for my child for the duration of the camp.

I fully understand that this is not an ordinary supervised camp and that Forest School Camps does not act in loco parentis and that therefore Forest School Camps does not accept any responsibility for the conduct of my child in public or in relation to third parties.

Signed (parent/guardian) \_\_\_\_\_

Date \_\_\_\_\_