**PARENTAL/GUARDIAN TRAVEL CONSENT FORM – MEMBERS UNDER 18**

This form must be completed by all parents/legal guardians of any youth member under the age of 18 traveling with Berkshire Scouts from or to the UK. Each signature **MUST** be witnessed. **Please print, complete and return 2 originals of this form** – one will be retained by your district unit leaders and one handed to the youth member on departure, to retain throughout the trip.

|  |
| --- |
| **YOUTH MEMBER AND TRAVEL DETAILS****Please complete all sections below in BLOCK capitals and BLACK ink.**  |
| Full Name: |  | Age: |  |
| Date of Birth: |  |
| Travelling From: | United Kingdom | Travelling To: | Saint-Crépin, Hautes-Alpes, France |
| Departure Date: |  | Return Date: |  |
| **ORGANISATION DETAILS** |
| Name:  | Royal Berkshire County Scouts |
| Address: | Sindlesham Court, Mole Road, Wokingham, Berkshire, UNITED KINGDOM RG41 5EA |
| Telephone: | +44 118 228 2958 | Emergency Number:  | +44 7403 669180 |
| **TO WHOM IT MAY CONCERN** |
| As the parent(s) and/or legal guardian(s) of the above Youth Member, I/we give written consent for the care arrangements for my child’s travel to be with and under the responsibility of the above detailed Royal Berkshire Scout County and its members for the duration of the trip/expedition. |
| **CONSENT IS GIVEN - Details of Parent/Guardian** |
| Parent/Guardian name: |  | Relationship to the Youth Member |  |
| Parent/Guardian Address: |  |
| Parent/Guardian Telephone: |  |
| Parent/Guardian Signature: |  | Date: |  |
| **WITNESS DETAILS - Signed in the presence of the below detailed witness** |
| Witness Name:  |  | Witness Profession: |  |
| Witness Address: |  |
| Witness Signature:  |  | Date:  |  |
| **CONSENT IS GIVEN - Details of Parent/Guardian** |
| Parent/Guardian name: |  | Relationship to the Youth Member |  |
| Parent/Guardian Address: |  |
| Parent/Guardian Telephone: |  |
| Parent/Guardian Signature: |  | Date: |  |
| **WITNESS DETAILS - Signed in the presence of the below detailed witness** |
| Witness Name: |  | Witness Profession: |  |
| Witness Address: |  |
| Witness Signature: |  | Date: |  |