PARENTAL CONSENT FORM

Parental consent is required for all delegates under the age of 18 participating in Dew Waters Ltd. Training Courses, with the express knowledge that there is an assumed risk in certain elements of the course, and specifically the handling of needles*.

In signing this consent form the parent / guardian agrees to allow the minor specified below to participate in these theory and practical activities with full acknowledgement of that risk.

Please print clearly.

Minor's full name: ..... Minor's date of birth:.....

Address: ..... Minor's age: ..... Sex .....(M/F)

..... Tel. Number:.....

..... Mobile:.....

Does your child have any special needs: .....

Declaration:

I hereby give consent for (Minor's name): .....

to participate in the above course.

Name of Parent / Guardian: ..... Relationship: .....

Signature:..... Date: .....

PLEASE RETURN TO:

Omni Health Hub Training,
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Email: info@omnihealthhub.com

Registered in England and Wale No: 10094524 Registered Office: as above.