

CHILDREN'S WEEK CONSENT FORM

Child's Name:

Date of Birth:

Any known allergies:

Medication being taken:

2nd Child's Name:

Date of Birth:

Any known allergies:

Medication being taken:

3rd Child's Name:

Date of Birth:

Any known allergies:

Medication being taken:

Name of Parent(s)/ Guardian

Contact Phone Number:

Emergency Contacts: 1) Phone Number

2) Phone Number

Names of people allowed to collect child/children.....

G.P. Name Phone Number

Address

I hereby give permission for my child/children (please list names)

to be given medical help and/or taken to a doctor/hospital in the event of emergency.

Parent / Guardian Name

Signed Date

I hereby give permission for photographs to be taken of my child participating in various activities throughout the week in the understanding that these photos may be used for display purposes.

Signed Date

Helper's Information

Name Phone Number

Address

Emergency Contact Name..... Number.....

GP Name Contact Number.....

GP Address

Allergies

Data Protection Notice

The details that you have listed on this form will be stored securely by the event organisers and any digital records will be kept under password protection. We will never pass your details onto any third party.

I hereby consent to my contact details being stored and used for administrative purposes.

Signed Date