

Full name of child: _____

Date of Birth: _____ Age between 4th-10th July: _____

Names of all those with Parental Responsibility:

1. _____ Relationship to child _____

2. _____ Relationship to child _____

3. _____ Relationship to child _____

Emergency contact 1:

Name: _____ Relationship to child _____

Address and postcode: _____

Mobile number: _____

Landline: _____

Emergency contact 2:

Name: _____ Relationship to child _____

Address and postcode: _____

Mobile number: _____

Landline: _____

My child has the following medical conditions/allergies:

(Please provide full details)

My child needs to take the following medication:

(Please provide full details with name of medication, dose, frequency etc. Any medication must be clearly named and handed in at the start of the trip to be administered by staff.)

My child has the following dietary requirements (e.g. vegetarian, lactose intolerant, diabetic etc):

Please turn over...

ACTIVITY PERMISSIONS

Medical treatment:

I give permission for my child to receive emergency and/or non-urgent medical treatment in the event of an incident or accident. YES / NO

Swimming

I give permission for my child to take part in supervised swimming activities. We will visit an outside swimming pool which is fully staffed with lifeguards. YES / NO

Please select the most appropriate option:

- My child cannot swim at all
- My child can swim a short distance (10m) with armbands or floats
- My child can swim a short distance (10m) unaided (without armbands or floats)
- My child can swim up to 100m unaided
- My child is a strong and competent swimmer and can swim greater distances unaided

High Rope activities

I give permission for my child to take part in supervised high rope adventure activities. YES / NO

I can confirm the accuracy of these details and I will let the organisers of the trip know as soon as possible if any of the emergency contact details change.

Signed: _____ Relationship to Child _____

Date: _____