



1. PARTICIPANT DETAILS

Male Female

First Name:
Surname:
Address:
Postcode:

Mobile Tel No:				
Home Tel No:				
Age:				
Date of Birth:				
Attending School:	Yes		No	

2. EMERGENCY DETAILS

- I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

Name:	Address:
Home Tel No:	Work Tel No:
Mobile Tel No:	Work Mobile Tel No:

Please state an alternative contact:

Name:	Relationship to child:
Home Tel No:	Mobile Tel No:

3. MEDICAL INFORMATION

Dr Name:	Surgery Name:
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Is participant taking any medication on a regular basis?	Yes		No	
If Yes please provide details				

Is participant sensitive/allergic to any medication/insect bites/food etc?	Yes		No	
If Yes please provide details				

Are there any other medical conditions which we should be aware of?	Yes		No	
If Yes please provide details				

I am aware that during the activity, photographs will be taken for promotional use. (If not in agreement please enclose a letter stating this)

Parent/Guardian Signature:	Date:
Please print name:	