

BOOKING, HEALTH AND CONSENT FORM

Youth Activities, Easter 2010 | Combined Form



Northern Fells Group

Boltons, Caldbeck, Castle Sowerby, Ireby & Uldale, Mungrisdale, Sebergham & Welton and Westward & Rosley parishes

Please fill in all applicable fields

I give permission for:

Name.....

Date of Birth: _____ Age: _____

Address: _____

Post code: _____

Telephone Number: _____ Email: _____

To attend the following Easter 2010 Youth Activities: please tick or underline AM or PM session – see Programme

1. Taekwondo | Sess. I or II 2. Archery | AM or PM 3. Football Coaching | PM only 4. Map Reading | AM or PM
5. Felt Making | AM or PM 6. Clay Sculpting | AM or PM 7. Climbing | AM or PM 8. Adventure Cycling | AM Only

Illnesses we should know about:

Diabetes **Yes No** Travel Sickness **Yes No** Any other allergies: **Yes No** If yes please give details:
Fainting or Blackouts **Yes No** Ear Trouble **Yes No**
Epilepsy **Yes No** Asthma/Hay Fever **Yes No**

Does your child suffer from any other medical condition / disability not listed above that you feel is relevant? If so please give details:

Is your Child taking any sort of medicine or medical treatment?: **Yes No**

If **Yes** please give details below:

Name of Medicine / Treatment: _____

Dosage: _____ How often?: _____

If any prescribed medicines named above need to be taken it is your child's own responsibility to administer the medicine.

Name of Family Doctor: _____ Telephone Number: _____

Address of Doctor: _____

In the event of my child being taken ill or injured during the project named above, I authorise the leader present to administer first aid/accompany my child to hospital or sign on my behalf any forms of consent which may be required by the medical authorities, provided that the delay to obtain my signature might be considered likely, in the opinion of the doctor or surgeon, to endanger the health or safety of my child.

Signed: _____ (Person with Parental Responsibility) Date: _____

Name in Capitals: _____

Telephone Number: _____

Please tick one of the following

I do Agree Do Not Agree to my child being photographed by the organisers of the event on activities on the day.

If you decide you don't want your child to be photographed then could you please ask your child to make this fact known to any member of staff taking photographs as not every member of staff will know your child.

Please return this form to:

Sue Clarke, Millhouse Village Hall, Millhouse, Heskett Newmarket, Wigton CA7 8HR