

## CONSENT FORM AND CONTACT INFORMATION

1. I (name of parent/guardian) .....agree to (name of child)  
..... taking part in the Arnold Lodge School holiday  
activities described from **date**..... to..... **date**  
I .....(name of parent) acknowledge the need for .....  
(name of child) to behave responsibly.

### 2. Medical/cultural information about the child.

a) Are there any medical condition or recurring complaint we should be aware of, including any medication? e.g. Travel sickness, Asthma, Migraine, Allergies. YES/NO

If Yes, please give details on a separate sheet.

b) Please outline any special dietary requirements of your child on a separate sheet.

c) When did your son/daughter last have a tetanus injection?

#### d) **Emergency permission.**

I give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present whilst in the care of Arnold Lodge Holiday Activities.

Signed..... (Parent /Guardian) Date.....

### 3. Contact Telephone numbers:

Tel no 1:..... Tel no 2.....

Home Address.....

#### **Alternative emergency numbers:**

Name of contact .....:

Tel no 1:..... Tel no 2.....

Address:.....

I will inform the Group leader/Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the activities and I have read and agree to the booking conditions.

Signed:.....Full Name (Block Capitals) .....Date.....

