



Medical History & Parental Consent form for emergency care.

Full name of child/young person

Date of birth / /

Address

.....

Postcode:

Telephone number(s):

The person to contact in case of emergency during this event is:

Name

Relationship to child/young person:

Address:

.....

Telephone number(s):

Should the above not be available, please contact:

Name

Relationship to child/young person:

Address:

.....

Telephone number(s):

Child's/young person's registered GP

Name

Address

.....

Telephone number(s):

National Health Number

PLEASE TICK & SIGN AND DATE HERE IF YOUR CHILD IS PERMITTED TO WALK HOME ALONE AFTER SESSIONS

AND TICK & SIGN IF YOUR CHILD IS PERMITTED TO LEAVE SITE DURING SESSIONS. WE CANNOT TAKE ANY RESPONSIBILITY FOR THEM IF YOU CONSENT TO THIS

TICK-[] SIGN _____

