



Parent/Carer Consent & Medical Form

(One form to be completed for each child)

| Child's Information | | | |
|--|--|--|--------------------------------------|
| Child's First Name: | | Child's Last Name: | Child's D.O.B: |
| Home Address: | | Post Code: | |
| Home Phone No: | | Child's School: | |
| Parent/Carer Information | | | |
| Name of Parent / Carer: | | Day time / Work Telephone No: | |
| E-mail Address: | | Mobile Telephone No: | |
| Emergency Contact Numbers (these are essential but will only be used in case of emergency) | | | |
| 1 st Contact Name: | | Telephone No: | |
| 2 nd Contact Name: | | Telephone No: | |
| 3 rd Contact Name: | | Telephone No: | |
| Child's Medical Details | | | |
| Does your child have any medical conditions / special needs that we should know about? | | | Yes / No |
| If yes, please list details below: Failure to inform the Holiday Activity Scheme may result in your child being unable to participate in the chosen activity | | | |
| Details of Medical Conditions / Disabilities / Special Needs or Allergies (eg. asthma, epilepsy, allergy to face paints, henna paint, plasters): | | Details of current medication / medical treatment: | |
| | | | |
| Family Doctor Name / Address: | | | |
| Photos: There may be times when photographs are taken of children for publicity reasons. If you do not wish photographs to be taken of the child named above, please tick this box. | | | <input type="checkbox"/> No photo's. |
| Unsupervised Departure: Do you wish for your child to return home on his / her own? Leighton Park School does not accept any responsibility for a child once they have signed out and left the premises. Please advise the Holiday Activity Scheme in writing if you wish your child to be collected by another carer (please advise dates and name of carer collecting your child). | | | Yes / No |

Statement: I confirm that my child (name) may take part in all activities, including swimming, organised by Leighton Park School.

I agree to a member of staff giving permission for my child to receive medical treatment in an emergency.

In doing so, I agree that the organisers, Leighton Park School, will not be liable for any injury (including fatality), loss, accident or damage other than in their direct negligence to the person named.

Off-site Activities I confirm that my child (name) is aged between 5 – 14 years and may take part on off-site activities organised by Leighton Park Holiday Activity Scheme.

Under new law children under the age of 12 and under the height of 1.35 metres need to be transported using a child's seat or booster seat. You do not need to provide us with booster seats as the new laws also states that if our buses are equipped with adjustable seat belt restraints for children they do not require a booster seat.

Signed Parent / Carer:

Date: / /

