



CHILD'S DETAILS

FULL NAME:	
DATE OF BIRTH:	
ADDRESS:	
POSTCODE:	
HOME PHONE NUMBER:	
EMAIL CONTACT:	
SCHOOL YEAR:	

MEDICAL DETAILS

Does Your Child Have Any Allergies or Dietary Requirements?	YES/NO	Details:
Does Your Child Have Any Medical Requirements?	YES/NO	Details:

Does Your Child Have A Disability or Learning Disability We Need To Be Aware Of?	YES/NO	Details:
Does Your Child Currently Take Any Medicines?	YES/NO	Details:
Is there any activity your child can not take part in?	YES/NO	Details:

DOCTOR'S DETAILS:

Doctor's Name:	
Doctor's Address:	
Doctor's Postcode:	
Doctor's Phone Number:	

EMERGENCY CONTACT DETAILS:

Name:	Relationship To Child:	Contact Details:
Name:	Relationship To Child:	Contact Details:
Name:	Relationship To Child:	Contact Details:

PLEASE INFORM STAFF OF ANY CHANGES IN CONTACT DETAILS OR MEDICAL CIRCUMSTANCES ASAP

MEDICAL EMERGENCIES:

In the case of an emergency, if it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or other means to authorise this, I hereby give my general consent to any necessary medical treatment including blood transfusions and authorise staff to sign any document required by the hospital authorities

I consent to my child participating in all activities during the camp/programme. I, or a person identified to the coach, will be responsible for the collection of my child/children. It is understood that Gold & Gray cannot be liable for any loss or injury that above named applicant may sustain whilst attending any of our camps/programmes.

PHOTOGRAPHS:

We often take photographs and videos of the activities. We would like your permission to use the images or recordings on our Gold & Gray social media (Facebook/Twitter/Instagram). It is up to you whether or not you agree to this.

If you have an objection to your child appearing in such photos or videos please tick this box:

BEHAVIOUR:

I understand that Gold & Gray staff reserves the right to send my child home if necessary and that unacceptable behaviour will not be tolerated.

SIGNED:
(PARENT/GUARDIAN)

DATE: