The Wing & Fuse Easter Outing

Please complete and return form to the youth & children's team

Details of event
Date: Wednesday 28th March
Time: 5:45pm until 7pm
Location: Check in and collect from Woking Leisure Centre, Woking Park, Kingfield Road, GU22 9BA
Activity: 2 sessions: football on the 3G pitch and volleyball & other games in the hall.
Cost: £2

Child's Details
Name of Child:………

Date of birth:………

Whilst your child is in our care it would be helpful for us to know whether he/she suffers from any allergies, is on any medication or whether there is anything else you would consider important for us to know.

- Does your child have any food allergies? (Please specify) …………………………………………………………..
- Does your child have any medical conditions? (Please specify)………………………………………………………
- Is s/he on medication? (Please specify) …………………………………………………………………………………………
- Does s/he have any special needs? (Please specify) …………………………………………………………………………
- Is there anything else you would like us to know about your child? ………………………………………………………

………..

Doctor's details ………

Emergency Contact details for parents/guardians
Parent/Guardian's Name and Contact telephone number during this event.

Name:………

Contact number: ………

Relationship to Child: ……

Contact name and number for an alternative adult if not available

Name:………

Contact number: ………

Relationship to Child: ……

Declaration and Consent
I agree to my child taking part in the above mentioned event/outing and all the activities described. I acknowledge the need for responsible behaviour and obedience on his/her part. In the event of illness, having parental responsibility for the above name child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitable qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I also undertake to inform the Group Leader/s as soon as possible if there are any changes to my child's health, medication or needs and also of any changes to our phone numbers given between the date signed below and the start of the event.

Signed: …………………………………………………………………….. Date: ……………………………….................