



# CONSENT FORM

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## SPECIAL NEEDS:

Please give details of any particular needs your child has to enable them to participate in Energize activities.

\_\_\_\_\_

## PHOTOGRAPHS:

Photographs of activities may be used for publicity purposes. If you would prefer your child not to be included in such photographs tick the following box:

## MEDICAL DETAILS:

Name/Address of Child's Doctor:

\_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

Details of any medical conditions/allergies leaders should be aware of (*including any medication needed*) \_\_\_\_\_

\_\_\_\_\_

## PARENT/GUARDIAN CONTACT DETAILS:

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel (home): \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

## ALTERNATIVE CONTACT DETAILS:

Name: \_\_\_\_\_

Tel (home): \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to you (*if any*) \_\_\_\_\_

## PERMISSION:

I give my permission for the child named above to attend and take part in the activities we provide. This includes trips to the local park, weather permitting.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_