

WILD WOODS 'N WILLOW

Young Persons Booking & Consent Form

Name of Event:

Date(s) :

To be completed by child's parent or guardian

Child's name Male/Female Date of Birth.....

Dietary requirements.....

Your name and relation to child.....

Address.....

Tel: Home..... Work..... Mobile.....

Email.....

Name & Address of Family Doctor.....

Telephone Number.....

Does your child have any of the following:

Asthma or Bronchitis	Yes	No
Sight, Hearing or Speech Disabilities	Yes	No
Heart Condition	Yes	No
Fits, Fainting or Blackouts	Yes	No
Severe Headaches	Yes	No
Diabetes	Yes	No
Allergies to any known drugs	Yes	No
Any other allergies eg. material, food, medicine, pollen, dust	Yes	No
Other illness or disability	Yes	No
Sleep walking	Yes	No
Travel sickness	Yes	No

Does your child suffer from any other relevant problem we need to know about or is there any additional information we need to know:

.....

Has your child had a tetanus injection in the last 5 years? No Yes

In the event of a minor accident, I agree for First Aid to be administered by a qualified First Aider which could include the use of an antiseptic or appropriate cream, homeopathic remedy and/or plasters.

In the event of a major accident and I cannot be contacted, I agree to my child receiving medical treatment including anaesthetic as considered necessary by the medical authority present, eg. paramedic.

I consent to my child being given wild foods by a Wild Woods 'n Willow leader.

I understand that photos may be taken of activities involving my child and am happy for them to be used in Wild Woods 'n Willow publicity.

Any information you give us is kept in strictest confidence.

I enclose £..... payment (see event info sheet) as cash/cheque.

Please return this form with payment to Wild Woods 'n Willow at least 10 days prior to event, unless event is a camp, then at least 1 month prior to the event.

Signed:

Date: