



Summer Safari *Free* Holiday Club Consent Form (please use a separate form for each child)

Child's full name	Date of birth
Address	Home phone number
	Emergency Contact Number 1
	Emergency Contact Number 2
GP's name	GP's phone number

Any known allergies or conditions

I confirm that the above details are complete and correct to the best of my knowledge.

In the unlikely event of illness or accident. I give permission for any necessary medical treatment to be given by the nominated first – aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Parent/Guardian's signature _____ **Date** _____