

St Andrew's Youth Club

Outing:

Date:/...../.....

Child's Name:

DOB:

Address:

.....

Email

(This is for regular information about activities. We will not send you spam or give your details to anyone else.)

Is there any medical issue or allergy that we need to be aware of?

YES / NO

.....

Emergency Contact

Parent / Guardian:

Address (if different to above)

.....

Emergency Contact Numbers:

Permission

I agree to this child in my care taking part in this outing. I also agree to them receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

In case of a major accident, your child will be taken by ambulance, if possible, to the nearest casualty department and parents will be informed as soon as possible. If this is not the procedure you would like us to follow for your child, please notify us in writing.

Parent/Guardian Signature:

Date: