

VICTA Family weekend Parent consent form

Please complete one form for each child as this is a legal requirement.

IMPORTANT INFORMATION

Emergency details

Child's Full Name:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Postcode:	
Date of Birth:	
Place of Birth:	
Parent / Guardian Names:	
Daytime Telephone Number:	
Evening Telephone Number:	
Mobile Telephone Number:	

Important Medical and Dietary Details

Name of Doctor:	
Telephone Number:	
Please Give Details of Any Medical Conditions, Allergies And Current Medication:	
Is Your Child Allergic To Any Medication?	
If Yes, Please Give Details:	
Please Give Details of Any Special Dietary Requirements:	
What (if any) extra support would your child need and why?	

Declaration

I have read the information sheet provided and agree to my child's participation in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible. I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present.

Signature of Parent/Guardian:..... Date:.....

The personal information supplied will only be used to allow PGL employees, agents, subcontractors and suppliers to provide the promised service to PGL's normal high standard.