

EMERGENCY CONTACT INFORMATION

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:		
Mobile :
Home:
Work:
Other:		

FAMILY DOCTOR DETAILS

Name:
Address:

Telephone Numbers:
National Health Number:

DECLARATION: I have received and understood the details of the visit.

I agree that (full name of child/young person) _____:

- can participate in the visit and activities described;
- can be transported in the private vehicles of staff/volunteers supervising the visit;
- is in good health and fit to participate in the activities described;
- can receive medical treatment as necessary.

I undertake to inform the Group Leader as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.

Signed:	Name in Capitals:
Relationship	Date:
Address:	
Postcode:	
Telephone No:	
Where required, has a passport sized photograph been attached:	Yes No

