Parent Consent Form   
Family Weekend – 24 to 27 May 2019

Please complete a form for each child attending and return to:   
VICTA Children, 5 Douglas House, 32-34 Simpson Road, Fenny Stratford, Milton Keynes, MK1 1BA  
Or via email to activities@victa.org.uk

**IMPORTANT INFORMATION**

**Emergency details**

|  |  |  |
| --- | --- | --- |
| Child’s full name: |  |  |
| Full postal address: |  |  |
|  |  |  |
|  |  |  |
| Date of birth: |  |  |
| Place of birth: |  |  |
| Parent/guardian names: |  |  |

|  |  |  |
| --- | --- | --- |
| Telephone number: | day |  |
|  | evening |  |
|  | mobile |  |

**Important medical and dietary details**

|  |  |  |
| --- | --- | --- |
| Name of doctor: |  |  |
| Telephone number of doctor: |  |  |
| Please give details of any medical conditions, allergies and current medication and detail any support your child would require with this: |  |  |
|  |  |  |
|  |  |  |
| Is your child allergic to any medication? |  |  |
| If yes, please give details (e.g. how it effects them): |  |  |
|  |  |  |
| Please give details of any special dietary requirements:  What (if any) extra support would your child need and why? E.g. please detail and learning and physical difficulties which may affect their participation and how we can support your child.    **Declaration**  In order to ensure that activities are adequately staffed we need full and accurate information about all participants. Declaring any problems will not necessarily exclude you from being accepted on an activity but will enable us to put the appropriate support in place. Please note we reserve the right to refuse admission to the activity or ask a participant to leave the activity if the information given proves inaccurate or the conduct of the participant reaches an unacceptable level.  I agree to my child’s participation in the activities described. I believe that the information provided above is correct and I have declared all the support needed. I 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: |  |  |