

VICTA Early Years Day Parent Consent Form

Please complete one form for each child

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:

Import 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 VICTA 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.....