

SLOUGH MUSIC SERVICE
Activity Medical and Consent Form HAF programme
COMPLETED FORMS TO BE RETURNED TO: music.service@slough.gov.uk

FULL NAME OF CHILD	male/female
SCHOOL THEY ATTEND:	

FULL ADDRESS OF CHILD:	Telephone number:
Post code	DATE OF BIRTH AND AGE:
EMAIL ADDRESS:	
Tick this box to consent to photographs and videos being taken of your child whilst attending the programme? <input type="checkbox"/>	
(These may be used to promote further activities on our social media pages, website or printed media)	

Emergency contact DURING PERIOD OF ACTIVITY	
Name	Tel:
Address	Alternative tel:
Postcode	Relationship to CHILD
DOCTOR'S DETAILS	
Name	Telephone (incl. STD)
Address	state any additional needs:
Post code	
Is your child up to date with immunisations?	<input type="checkbox"/> Yes/No

List any special dietary requirements:

TICK if your child IS a vegetarian **ALL OF OUR MEAT IS HALAL**

Please give details of any medical conditions/disabilities OR Special needs e.g. diabetes, global developmental delay, epilepsy or **allergies** e.g. to medication, plasters and food etc.

Please give current treatment including medication or therapy:

(HAF is a 'nut free' project)

I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED ACTIVITIES AT THE GROVE ACADEMY SCHOOL FROM 24th JULY to 17th AUGUST 23 AND CONSENT TO THE ABOVE PERSON PARTICIPATING IN VARIOUS SPORTS, ART, DANCE AND PLAYING MUSICAL INSTRUMENTS AND OFFSITE ACTIVITIES WITH PRIOR NOTICE.

I have ensured that my child/I understand the information for their/my safety and for the safety of the group that any rules and instructions given by staff are to be followed.

Children are to be dropped off from 9:45 TO START AT 10am. Children MUST be collected at 2pm.

AIM TO ATTEND THE FULL PROGRAMME AND INFORM THE ORGANISERS IF MY CHILD CANNOT ATTEND

I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.

Signed.....parent/guardian/carer DATE: