

Children’s Activity Consent Form - Valid from July 25th 2022 - September 30th 2023

Child’s nameDOB:..... Age

Child’s nameDOB:..... Age

Child’s nameDOB:..... Age

Address

Emergency Contact 1 Name and Address (if different from above).....

.....

Emergency Contact 1 Telephone NumberEmail.....

Emergency Contact 2 Name and Address (if different from above).....

.....

Emergency Contact 2 Telephone NumberEmail.....

Medical and Additional Information

What medical or additional information that you think Energ!se should be made aware of? Ie. Allergies, special educational needs (please give detail and include attachment if needed)

.....

.....

Whilst in our care does your child/children need to take any medication/inhalers? **YES / NO...** If **YES** please complete our “Authorisation to Administer Medication” Form.

Consent

I consent to the above child / children taking part in the Energ!se LTD sports activities consent to them receiving emergency aid. I understand that it is my responsibility to ensure Energ!se Ltd have all of the up to date relevant information. The above information is correct, and I will update Energ!se if this changes.

Signed: Print Name:Date:

Photo Consent: From time to time, Energ!se photograph/video children enjoying the activities to let other parents know about the courses available. If you would prefer your child **not** to feature please cross the box.

Collection:

If not myself the people that can collect my child are:

.....

If you wish for your child to walk home please cross the box (Ages 8+ only - Supervisor to Initial after agreeing to arrangement - Call Line Manager or DSL if unsure).