

Active4Life Consent Form

In accordance with the childrens act 1989, it is vital that a parent/guardian registers their child and therefore consents to the child's participation in activities and use of equipment.

About the participant

Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Date of Birth:	<input type="text"/>	Name of school:	<input type="text"/>

About you (Emergency Contact)

Full Name:	<input type="text"/>		
Relationship to participant:	<input type="text"/>		
Address: (if different to above)	<input type="text"/>	Postcode:	<input type="text"/>
First Phone Number:	<input type="text"/>	Second Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>		

IN THE BOX BELOW, PLEASE PROVIDE ANY IMPORTANT INFORMATION WE MUST KNOW ABOUT THE PARTICIPANT (This includes any medication* / illness / allergies / special needs etc. also any person the child must NOT have contact with)

* We can not administer any medication

I require that my son/daughter be excluded from the following types of activity:

I consent to my child's photograph being taken for publicity purposes Yes No

I give permission for my child to be allowed off site during breaks Yes No

Signature:

Date:

* This form MUST be completed prior to the activities taking place.