



Northern Fells Group Youth Initiative

SUMMER ACTIVITIES 2011 BOOKING AND HEALTH AND SAFETY FORM

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I WOULD LIKE TO BOOK: Name:

Age:Date of Birth.....

Address:

Postcode:

Email:Tel no:

FOR THE FOLLOWING ACTIVITIES (please state **date, time** and **name** of activity):

Activity :

Activity :

Activity :

Activity :

Activity :

Activity :

Activity :

Activity :

Activity :

I give permission for my child to attend the activities listed above. In doing so I understand and accept that there may be an element of risk in some of the activities.

In the event of my child being taken ill or injured during any of the activities, I authorise the administration of first aid and for my child to be accompanied to hospital by a representative of the Northern Fells Group. If a form of consent to treatment is required by the medical authorities and delay in obtaining my signature might in the opinion of a doctor or surgeon endanger the health or safety of my child, I authorise a representative of the Northern Fells Group to sign the form of consent on my behalf.

Unless otherwise shown on Page 2 of this form, I confirm that my child does not suffer from diabetes, fainting or blackouts, epilepsy, travel sickness, ear trouble, asthma/hay fever or any other allergies or medical condition or disability which may be relevant to the proposed activity nor is my child taking any sort of medicine or medical treatment.

Unless otherwise shown on Page 2 of this form, I agree to my child being photographed by the organisers of the event or activities on the day.

Signature(Parent or Person with
Parental Responsibility)

Name in Capitals

Telephone NumberEmail address.....

There are a limited number of places for each activity so get your booking form in early to avoid disappointment. We will confirm your child's place by email.

Please ensure you fill in Page 2 overleaf regarding medical information and photography if necessary. Thank you.

Continued from Page 1

NORTHERN FELLS GROUP YOUTH INITIATIVE BOOKING AND HEALTH AND SAFETY FORM 2011

MEDICAL INFORMATION when confirmation set out on Page 1 of this form cannot be given:

(Please tick the relevant items and add any further relevant information)

My child suffers from the following illness or illnesses:

Diabetes

Fainting or Blackouts

Epilepsy

Travel Sickness

Ear Trouble

Asthma/Hay Fever

Any other allergies

Any other medical condition or disability you consider to be relevant

Name of medicine or medical treatment

Dosage How often?

If any prescribed medicine needs to be taken, it is your child's responsibility to administer the medicine.

Name and address of Family Doctor

.....Telephone Number.....

PHOTOGRAPHY

When consent not given please tick the following sentence:

I do not consent to my child being photographed by the organisers of the event or activities on the day.

(If you don't want your child to be photographed, please ask your child to make this fact known to the photographer and the organisers of the event or activity.)