

TEAMBUILDERS CONSENT



Please use a separate form for each child.

CHILD'S FULL NAME

ADDRESS

POSTCODE

EMERGENCY CONTACT NAME

TELEPHONE

GP'S NAME

GP'S TELEPHONE

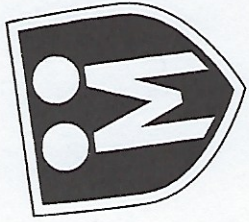
ANY KNOWN ALLERGIES OR CONDITIONS

I confirm that the above details are complete and correct to the best of my knowledge.

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

SIGNATURE OF PARENT / GUARDIAN

DATE



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