

BAKEWELL **ARTS** FESTIVAL

Workshops and Participatory Events Parental Consent Form

Workshop/Event

Date(s)

.....

Venue(s)

Name of child

Age of child

Address

.....

.....

Your Name

Relationship to Child

Your Contact Numbers

.....

Alternative person to contact
in case of emergency

This contact's relationship
to child

Name of any nominated person
who you have authorized to
deliver/collect your child on
your behalf

Dates your child will be attending

Does your child have any conditions requiring medical treatment, including medication? YES NO

If yes, please give brief details

Please outline any special dietary requirements of your child and the type of pain/flu medication your child may be given if necessary

Is your child allergic to any medication? YES NO

If yes, please give details

Name of Family Doctor

Address of Family Doctor

Telephone No. of Family Doctor

Declaration:

I will inform the BAF office on 01629 813661 as soon as possible of any changes in the medical or other circumstances between now and the commencement of the workshop/event.

I agree to my son or daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. The contact numbers given on this form may be used in case of emergency.

Signature of Parent(s)

Date