

WHITE HALL CENTRE

CONSENT FORM - GROUP BOOKINGS

School/Club/Organisation: _____

Dates: From: _____ To: _____

Surname: _____ First Name(s): _____

Date of Birth: _____ Sex: M/F

Home Address: _____

_____ Post Code: _____

Contact Numbers: _____ (Day) _____ (Evening)

Contact address and telephone number(s) during the course, if different from above: _____

Details of any medical condition, allergy or recent illness (eg Asthma, Epilepsy, Diabetes etc): _____

Details of any course of treatment (tablets, medicines etc). This helps us ensure that children take correct doses: _____

Name and address of family doctor: _____

_____ Telephone Number: _____

Does your child receive support from Inclusion and/or Social Services at school? _____

Can your child swim? _____ Can your child ride a bike? _____

Photographs may be taken of students for centre publicity and marketing. If you **do not** wish for your child's image to be used please tick this box:

Details of special diets (Please tick the appropriate boxes):

Vegan: Vegetarian: If vegetarian, please show which of the following your child **does eat**:

Fish: Eggs: Dairy Produce:

Other special diets - please give details: _____

To be read and signed by parent or guardian of under 18's

1. I have read the notes for course members and their parents/guardians and understand the nature of the course. I agree to abide by any safety requirements (and, for under 18's, consent to my child taking part).
2. I understand that in the event of accident, loss or damage, Derbyshire County Council will only accept liability where the accident, loss or damage is caused by the negligence of the County Council, its employees, agents or subcontractors.
3. I understand that students are NOT insured by Derbyshire County Council against personal injury, loss or damage that is not caused by negligence on the part of Derbyshire County Council or its employees, agents or subcontractors.
4. I understand that personal accident, loss or damage and cancellation insurance must be arranged by myself or by the party leader on my behalf (check with the party leader).
5. I understand that every effort will be made to obtain parental consent for any necessary medical treatment (eg inoculations, blood transfusions, surgery or the use of anaesthetics), but that in an emergency prompt action may be required. I therefore authorise the Centre Director or his representative to consent to any medical treatment, which a medical practitioner deems necessary.
6. I understand that it may not be possible with mixed groups for members of staff of each sex to be present at all times during the activities, evenings and overnights.

Signature of parent/guardian (under 18's)

Please return to your Course Organiser