Ashover Camp Consent Form

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To be completed by Parents/Carers/Guardians in respect of all campers under 18 years of age.



Please complete in BLOCK CAPITALS	
I have read the appropriate information and agree to	:
(full name)	Date of birth:
Taking part in the activities described therein. I acknowledge the need for responsible behaviour or	n his/her part
Medical Information:	
If the young person named has a medical condition respecially medication, please give brief details:	requiring any treatment,
Has the named young person been affected with Imp 6 months? YES / NO	petigo, Nits or Athletes Foot in the last
If YES to either, please specify in detail:	
Has the named young person received a tetanus inje	ection in the last 5 years? YES / NO
Please outline any special dietary requirements the r	named young person needs:

If the named young person comes into contact with any contagious disease or suffers from any illness including those listed above before the start date of the Ashover Camp, it is important that you inform the organisers.

> Ashover Camp 102, Long Hill Rise, Hucknall, Nottingham, NG15 6GN Telephone 0115 9521847 evening or 0115 9632999 daytime www.ashover-camp.co.uk

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Declaration:

As the Parent/Legal Guardian of the above named person, I agree to them receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present.

I may be contacted on the follo	owing telephone numbers:
Home	Times
Work	Times
My Home Address is:	
	Postcode:
	contact me, I nominate a second Patent/Guardian or other in them that they have been nominated on this form) collowing numbers:
Name	Relationship
Home	Times
Work	Times
Their Home Address is:	
	Postcode:
SIGNED (Parent/Guardian)	
Name in Block Capitals	Date

Note: If you have not received any outline of the events and activities carried out on Ashover Camp then please contact an organiser or check the camp website at www.ashover-camp.co.uk for the details enabling your consent to be given.

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