

# Walton Firs Activity Centre

## 'Outdoor Adventurers'

Half-term Holiday Activity Programme – Monday 17<sup>th</sup>-21<sup>st</sup> Feb 2025

### Booking, Medical Information and Parental Consent Form

#### 1. Child's Information

Child's Forename and Surname:	
Age on 17 <sup>th</sup> February 2025:	
Date of Birth:	
Home Address:	
Home Postcode:	
Home Telephone Number:	

#### 2. Booking Information

Dates Required (please tick):	<input type="checkbox"/> Monday, 17 <sup>th</sup> February <input type="checkbox"/> Tuesday, 18 <sup>th</sup> February <input type="checkbox"/> Wednesday, 19 <sup>th</sup> February <input type="checkbox"/> Thursday, 20 <sup>th</sup> February <input type="checkbox"/> Friday, 21 <sup>st</sup> February
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#### 3. Parent / Guardian / Carer's Information

Parent / Guardian / Carer's Forename and Surname:	
Relationship to Child (please tick):	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/> Other (please state): .....
Home Address:	
Home Postcode:	
Relationship to Child:	

#### 4. Emergency Contact Person's Information

Primary Emergency Contact Person's Forename and Surname:	
Telephone Number:	
Secondary Emergency Contact Person's Forename and Surname:	
Telephone Number:	

#### 5. Child's Medical Information

Doctor's Surgery Name:	
Doctor's Surgery Phone Number:	
Doctor's Surgery Address:	

Does your child have any medical conditions or allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide details below:
<p>.....</p> <p>....</p> <p>.....</p> <p>....</p>			
Is your child currently taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide details below:
<p>.....</p> <p>....</p> <p>.....</p> <p>....</p>			
Does your child have any dietary restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide details below:
<p>.....</p> <p>....</p> <p>.....</p> <p>....</p>			

<b>6. Child's Support and Inclusion Needs</b>			
Does your child have any additional physical and / or emotional support or behavioural management needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide details below:
<p>.....</p> <p>....</p> <p>.....</p> <p>....</p>			

<b>7. Child's Collection Arrangements</b>			
Will your child be collected at the end of each delivery day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please state who is approved to collect your child below:
<p>.....</p> <p>....</p>			

<b>8. Parent / Guardian / Carer Statement of Consent</b>			
<p><i>"I have received, understood and accept Walton Firs Activity Centre's written terms and conditions of service in relation to the 'Outdoor Adventurers' summer holiday activity programme. I have provided accurate and complete information about my child's medical, dietary and inclusion needs. I give permission for Walton Firs Activity Centre staff to secure and administer medical treatment for my child in the event of an emergency, including my child's transportation to a hospital and treatment by a licensed physician if deemed necessary."</i></p>			

Parent / Guardian / Carer's Signature:	
Parent / Guardian / Carer's Name:	
Date:	

We look forward to your child's participation in the 'Outdoor Adventurers' summer holiday activity programme! If you have any questions, concerns or feedback, please contact Walton Firs Activity Centre via:

Telephone: 01932 863 243  
Email: [info@waltonfirs.co.uk](mailto:info@waltonfirs.co.uk)  
Website: [www.waltonfirs.co.uk](http://www.waltonfirs.co.uk)  
Address: Convent Lane, Cobham, Surrey KT11 1HB