

Walton Firs Activity Centre

'Outdoor Adventurers'

Holiday Activity Programme – Summer 2025

Booking, Medical Information and Parental Consent Form

1. Child's Information

Child's Forename and Surname:	
Age as at 31 st August 2025:	
Date of Birth:	
Home Address:	
Home Postcode:	
Home Telephone Number:	

2. Booking Information

Dates Required (please circle week required and tick specific days):	Week comm:				
	28th July	4th August	11th August	18th August	
	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	
	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday	

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:	
Responsible Adult's email address:	
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:
.....			
Is your child currently taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide details below:
.....			
Does your child have any dietary restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide details below:
.....			

6. Child's Support and Inclusion Needs			
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:
.....			

7. Child's Collection Arrangements			
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:
.....			

Please provide any additional information you want us to be aware of on an additional sheet of paper.

8. Parent / Guardian / Carer Statement of Consent

"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."

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

Website: www.waltonfirs.co.uk

Address: Convent Lane, Cobham, Surrey KT11 1HB