

# Walton Firs Activity Centre

## 'Outdoor Adventurers'

Summer Holiday Activity Programme – Monday 28<sup>th</sup> Oct – Friday 1<sup>st</sup> Nov 2024

### Booking, Medical Information and Parental Consent Form

1. Child's Information	
Child's Forename and Surname:	
Age on 28 <sup>th</sup> October 2024:	
Date of Birth:	
Home Address:	
Home Postcode:	
Home Telephone Number:	

2. Booking Information	
Dates Required (please tick):	<input type="checkbox"/> Monday, 28 <sup>th</sup> October <input type="checkbox"/> Tuesday, 29 <sup>th</sup> October <input type="checkbox"/> Wednesday, 30 <sup>th</sup> October <input type="checkbox"/> Thursday, 31 <sup>st</sup> October <input type="checkbox"/> Friday, 1 <sup>st</sup> November

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