

ARTY CRAFTS CONSENT FORM

PARENT CONTACT DETAILS		
Parent's First Name:	Surname:	Title:
Home Address:		
Postcode:		
Telephone Home:	Telephone Work:	Telephone Mobile:
Extra emergency backup name and phone number:		

CHILDREN'S DETAILS				
Child's First Name	Surname	Male/Female	Age	Birth date

FAMILY DOCTOR DETAILS	
Name of Doctor:	Address of Surgery/Medical Centre:
If there are any medical conditions, EpiPen use, allergies or special needs affecting your child please complete below:	
Any other information?	

In the event of illness or any accident requiring emergency medical treatment of the above children, I authorise an Arty Crafts Playworker to sign on my behalf any written form of consent required by the medical authorities, if the delay to obtain my signature is considered inadvisable by the health worker or doctor concerned. I authorise Arty Crafts to administer First Aid if necessary.

I understand that Arty Crafts accepts no responsibility for personal loss or injury caused other than by their own negligence during attendance at Arty Crafts Holiday Playscheme.

I confirm that I am aware that Arty Crafts has a duty to report suspected child abuse or neglect. Arty Crafts accepts no responsibility for damage to or loss of personal items bought along to Arty Crafts.

I have read and accept the above conditions for leaving my child/ren in the care of Arty Crafts.

Signed _____ Parent/Guardian Date _____

Manager: Tom McPherson BA Fine Art, PGCE. Arty Crafts, 10 Girton Road, Girton, Cambridge, CB3 0LJ.