

# Participant Information Sheet



Please provide us with all the information we need. We won't share your details with anyone unless we have to for health and safety reasons.

Parent/Carer name:			
Your address:			
Your contact details:	Landline:	Mobile:	Email:
Emergency contact:	Name:	Phone:	Phone:
Who will be picking up?			Phone:

<b>PARTICIPANT 1</b> Full name:			
Address:	(Only if different)		
Date of last tetanus:		Birth date	d   d   m   m   y   y   y   y   Relation to you
Allergies + diet needs:			
Illnesses + medicines:			
Dr's name + contact:			

<b>PARTICIPANT 2</b> Full name:			
Address:	(Only if different)		
Date of last tetanus:		Birth date	d   d   m   m   y   y   y   y   Relation to you
Allergies + diet needs:			
Illnesses + medicines:			
Dr's name + contact:	(Only if different)		

<b>PARTICIPANT 3</b> Full name:			
Address:	(Only if different)		
Date of last tetanus:		Birth date	d   d   m   m   y   y   y   y   Relation to you
Allergies + diet needs:			
Illnesses + medicines:			
Dr's name + contact:	(Only if different)		

<b>PARTICIPANT 4:</b> Full name:			
Address:	(Only if different)		
Date of last tetanus:		Birth date	d   d   m   m   y   y   y   y   Relation to you
Allergies + diet needs:			
Illnesses + medicines:			
Dr's name + contact:	(Only if different)		

**And finally, please check that you agree to these statements and add your signature...**

Those named above have my consent to take part in the activity and I will inform the leadership of any changes.  
 I agree to any medical treatment considered necessary by medical authorities in any emergency situation.  
 I and the person(s) named consent to photos and video being taken which may be used for publicity. Please indicate who we can't photograph with a cross here if you prefer.

Your Signature:  Date:

