



Emergency Information

Please note: this form must be completed by the participant's/s' **parent/guardian** by their third visit in order for the participant to continue taking part.

In the event that your child has an accident or is involved in an incident and you are not present we will do our best to contact you and can offer basic first aid. Therefore please provide your child's medical information and your contact details below.

Child's full name: D.O.B: Boy Girl
 Child's full name: D.O.B: Boy Girl
 Child's full name: D.O.B: Boy Girl
 Child's full name: D.O.B: Boy Girl

Ethnicity: White Mixed Black Black British
 Chinese Asian Other

Address:.....**Postcode:**.....

Two Emergency Contacts:

1. Name:..... Telephone number:..... Relationship:.....
 2. Name:..... Telephone number:..... Relationship:.....

Doctors Name:

Doctors address:.....**Doctors telephone number:**.....

Medical information (allergies, existing medical conditions etc):

Please note: if your child requires medication to be administered during a ROAR activity session they are welcome to attend, however the staff of Runnymede Borough Council cannot assist with this. We ask that the child's parent/guardian or an older sibling attends the session if they require assistance with their medication.

Disclaimer

Please tick the appropriate box/es below.

If your child is aged 8 or over:

I understand and agree my child will not be supervised during 'ROAR' sessions. I agree for my child to attend 'ROAR' sessions and come and go when they choose unaccompanied. I also give permission for my child to receive basic first aid (from a trained first aider).

If your child is under the age of 8:

I understand and agree my child will not be supervised during 'ROAR' sessions. I agree for my child to attend 'ROAR' sessions and come and go as they please accompanied by someone aged 13 or above. I understand my child will be turned away if they are unaccompanied. I also give permission for my child to receive basic first aid (from a trained first aider).

IMAGE CONSENT

Do you give permission for photographs/videos to be taken of your child during ROAR sessions for the purpose of the press (please note the press allow the public to purchase the pictures they take), the ROAR website pages, exhibitions and displays, promotional material and information for other partner agencies? **Yes No**

If your circumstances should change please contact the Activity Coordinator to update your details.

Future Leisure Development activities

If you would like to be kept informed about future ROAR activities please provide your email address:

If you do not have an email address but would still like to be contacted via post please tick

If you do not wish to be contacted about other Leisure Development activities please tick

Signed parent/guardian

Print name