



CONSENT & INFORMATION FORM

Trip to: IAPS Mini-Hockey Finals, Tonbridge Date: Tuesday 20th/Wednesday 21st March

NAME OF CHILD.....DoB.....

HOME TEL. NUMBER.....

OTHER CONTACT NUMBERS.....

DIETRY AND MEDICAL INFORMATION

My child has special dietary requirements Yes/No

My child is a vegetarian Yes/No

My child has an allergy Yes/No

My child is taking prescribed medication Yes/No

My child is vaccinated against tetanus Yes/No

Please give details of any medical conditions or requirements the party staff should be aware of (enclose letter of necessary)

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I authorize a member of staff/ medical staff to take the necessary action on my behalf to treat or safeguard my child. I understand the TCH staff will contact me as soon as possible in event of an emergency.

Signed..... Parent/Guardian

Print Name:.....Date.....

Mr Nick Colman
ncolman@townclose.com