



- To be completed and signed by parents of all children attending Edgmond Hall with NJS.

Name of attendee \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

I confirm that I have received and fully understand the details of the course at Edgmond Hall which my child will participate in. I agree to participation in any or all of the activities described, and acknowledge that there is an inherent risk in these activities. I accept the need for responsible and obedient behaviour. I accept that in certain circumstances (e.g. weather) the content of the programme may change. I have read and agree with booking terms, given in the original letter.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Contact Details: Home \_\_\_\_\_ Mobile/Work \_\_\_\_\_

Doctors Name, Phone Number, Surgery \_\_\_\_\_

### **FURTHER DETAILS ABOUT THE PERSON ATTENDING EDMOND HALL**

- Any conditions requiring medical treatment: adversely affected by physical exercise or weight carrying; recent injury or illness; problems with circulatory, respiratory, nervous or skeletal systems: Yes  No

If yes, please provide more details here:

- Allergic to any medication or food? Yes  No

If yes, please provide more details here:

- Requires a special diet? ? Yes  No

If yes, please provide more details here:

(Circle)

- Agree to receiving emergency medical treatment? Yes No
- Agree to any first aid that may be necessary? Yes No
- Agree to the administration of antihistamines/paracetamol as appropriate? Yes No
- Agree to photos of the attendee to be shared on the website? Yes No

If your child requires any medication, please attach details here and/or overleaf: