

Junior Dippers - Perth and Kinross SWI



Registration and Parental Consent 2019

New Member Returning Member

Young Person's Details

Full Name

Address

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.....

Telephone Email

Date of Birth

School..... School year group

While this child is in our care it would be helpful for us to know whether she suffers from any allergies or phobias, has any medical conditions or disabilities.

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Details of any Medication (please ensure that an adequate supply is brought to events, if it could be needed and given to one of the organisers.)

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Details of any dietary requirements

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Parent/guardian's name and contact details during event.

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Phone Number Mobile Number

If parent/guardian isn't available please contact (relationship to child):

.....

Phone Number Mobile Number

I have made the following arrangements for(name of child)
at the end of the meetings: (delete as appropriate)

- She will remain in the care of the SWI organiser until I collect her
- She will make her own way home

I give consent to(name of child) taking part in group
social activities. I agree to photographs and short videos of activities including her to be
taken for use within the SWI community and for possible publication.

I agree to any emergency treatment to be given as considered necessary.
N.B. We will always attempt to contact you if an emergency arises.

We recognise that circumstances change and if it does it is my responsibility as a
parent/guardian to make the organisers aware in writing so that changes can be made to
the existing form or a new form can be completed.

Any additional information which you think the organisers should know

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Signed..... Date