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| **Trip Name:** | Claire’s Creatures (at the youth zone) | **Trip Date(s):** | Thursday 18th August  10:00 – 12:00 |
| **Name of Child:** | Click or tap here to enter text. | **Date of Birth:** | Click or tap here to enter text. |
| **Medical Information:** Details of any medical conditions including allergies and travel sickness that my child suffers from and any medicine with dosage etc. that they should take during off-site activities – attach additional sheet if necessary (please also include whether your child is able to carry their own medicine and self-administer).  Click or tap here to enter text. | | | |
| **Personal Information:** Details of any other conditions e.g. phobias, travel sickness, special dietary requirements etc. that affect my child and may affect visit plans.  Click or tap here to enter text. | | | |
| **Recent Illness/Accident:** Details of any recent illness, injury or contagious/infectious disease and how it may affect my child and their participation.  Click or tap here to enter text. | | | |

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| I consent to the young person attending this activity and outdoors performance as detailed in the covering letter. **I confirm they have an in date CYZ membership.** | Yes |
| I consent to any emergency medical treatment necessary, and authorize staff to sign any written form of consent required by the hospital authorities if the delay in getting parent/guardian agreement is considered by the doctor to endanger the young person’s health and safety; | Yes |
| I consent that my child’s image (in photos or videos) may be used for marketing and publicity purposes in printed publications, on social media, on the Youth Zone website or elsewhere (this may include the trip venue). | Yes |
| I understand that the public performance will be recorded and posted on social media. | Yes |

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| **EMERGENCIES** | **Emergency Contact 1** | | | **Emergency Contact 2** | | |
| **Name:** | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| **Relationship:** | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| **Telephone Number(s):** | **Work:** | Click or tap here to enter text. | | **Work:** | Click or tap here to enter text. | |
| **Home:** | Click or tap here to enter text. | | **Home:** | Click or tap here to enter text. | |
| **Mobile:** | Click or tap here to enter text. | | **Mobile:** | Click or tap here to enter text. | |
|  | | | | | | |
| **Signed:** |  | | **Date:** | | | Click or tap to enter a date. |
| **Print name:** | Click or tap here to enter text. | | **Relationship to child:** | | | Click or tap here to enter text. |