



Trip Name:	Claire's Creatures (at the youth zone)	Trip Date(s):	Thursday 18 th August 10:00 – 12:00
Name of Child:		Date of Birth:	
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).			
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.			
Recent Illness/Accident: Details of any recent illness, injury or contagious/infectious disease and how it may affect my child and their participation.			

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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
I understand that the public performance will be recorded and posted on social media.	Yes <input type="checkbox"/>

EMERGENCIES	Emergency Contact 1		Emergency Contact 2	
Name:				
Relationship:				
Telephone Number(s):	Work:		Work:	
	Home:		Home:	
	Mobile:		Mobile:	

Signed:		Date:	
Print name:		Relationship to child:	