

PERSONAL RECORD

Child's Details:

First Name: Surname:

Date of Birth: Age: Male/Female (please delete)

Address:

..... Tel Number:

Next of Kin/Contact Persons:

	First Contact	Second Contact	Third Contact
Name:
Relationship:
Telephone No:
Address: (If different from above)		
		

Medical Information: e.g. medical conditions, medications etc.

Dietary Information:

Other e.g. Allergies, Religious Observations etc.:

Parental Consent:

 I give my consent for to take any necessary action to protect
(Name of Chaperone)
 the safety and welfare of my child.

Date:

Signed:

Parent/Guardian