

Information and Parental Consent **The Friday Night Thing**

This information is required under "The Children Act 1989"

Full Name	
Age	
Date of Birth	
Address	
Telephone Number	
Name of Parent or Guardian	
Contact number	
Name of Doctor & telephone number	
Details of any allergies or any other information we should know.	
Will you give us consent to call an ambulance to take your child to the hospital A&E if any emergency occurred? <i>(Every effort would be made to contact you in the event of an incident.)</i>	YES NO
Parent / Guardian Signature	

*My son/daughter will be collected by _____.

*My son/daughter has my permission to walk home alone

*tick relevant box

We may at times go out in small groups in the Abbey Meads area; are you happy for your child to do this? (there will always be adult supervision)
We will try and keep you informed if we intend to use vehicles for this.

Thank you for your time it is very much appreciated.