CONSENT FORM

PLEASE KEEP THIS FORM AND TAKE IT TO EACH EVENT THAT REQUIRES IT (as indicated in the 2019 Aberdour Festival Programme)

Please complete ONE form per chi	ild	
Name of child		
Address		
Emergency Contact Details:		
Parental Contact (& Signatory):	Tel:	
Secondary Contact:	Tel:	
Any Medical Conditions – Yes / No)	
Please state any disability or condition	on that might be affected by any of the activities, (e.g. a	sthma,
Please indicate any medical treatmer	nt or medication being taken at the moment.	
own risk. I give permission for any e	to take part in the events listed and understand that they emergency first aid; - dental, medical or surgical treatmary by First Aider and/or medical authorities present. F	nent, including
Activity attending: Signature	Date: Parent/Gu	ardian
1		
2		
3		
4		
5		
6		
7		
8		
IMPORTANT SIGNING IN AND OUT	<u>r procedures</u>	
All parents/guardians with children unchildren IN and OUT.	inder the age of 8 years attending an activity must sign	n their
For children aged 8+ do you give per	rmission for them to arrive and leave on his/her own?	Yes / No
SIGNED	DATE	