



FLEET ARTS – CHILDREN’S WORKSHOPS BOOKING FORM

NAME OF WORKSHOP..... DATE OF WORKSHOP.....

PARTICIPANTS NAME.....

ADDRESS.....

.....POST CODE.....

HOME PHONE PHONE NO. during activity.....

Email address.....

CHILD’S DATE OF BIRTH.....

SPECIAL REQUIREMENTS eg.

1. medication/diet/allergies.....

2. educational or social needs.....

DOCTORS ADDRESS/PHONE No.....

Is this your child/s first time at a Fleet Arts Workshop? YES/NO

Under 18’s To be complete by Parent/guardian

- 1. Do we have your consent to any emergency medical treatment necessary during the course of the event including administration of anaesthetics YES/NO
- 2. Do we have your permission to take your child to the nearest doctor / A & E hospital YES/NO
- 3. Do we have your permission to apply plasters should the need arise YES/NO
- 4. Is your child fully vaccinated (see list below and delete as appropriate)

MMR	YES/NO	DIPHTHERIA	YES/NO
POLIO	YES/NO	HIB	YES/NO
MENINGITIS C	YES/NO	TETANUS	YES/NO
WHOOPIING COUGH	YES/NO		

The above is just for information in case of outbreaks.

Signed.....

POLICY ON USE OF PHOTOGRAPHS

During most activities, photographs are taken of the activity. These may be taken by both Fleet Arts Staff or the Press. They may be used in the future for both publicity and documentation. People are identified in photos used by the press. If parents/guardians do not wish their children to appear in photographs they are asked to ensure that the Staff are made aware of this at the time of booking.

PLEASE SIGN ONE OF THE BOXES BELOW

YES.....
I give permission for photographs

No.....
I do not give permission for photographs