

# Consent Form



I give permission for my child to attend  
The Discovery Club Kids' Summer Camp:

Child's full name	Date of birth
Address	
Emergency contact phone no	Alternative phone no
Email address:	
Allergies or medical conditions we need to know about	
GP's name	GP's phone no
<input type="checkbox"/> I would like to receive information about future Discovery Camps and other kids' events organised by ECF. You can unsubscribe at any time.	<input type="checkbox"/> I would prefer my child not to be photographed. We may take photographs of the camp for publicity reasons.
In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic. I understand that every effort will be made to contact me as soon as possible.	
Signature of Parent/Guardian	Date