

## Holiday Club & Teen Adventure Health Information

Name of Child:	Child's D.O.B:
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Parent / Guardian Name:
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Address:
Postcode:
Email Address:

Home Phone No:	Mobile No:
Emergency Contact number for use on day of activity:	

If your child is receiving any medical treatment/taking medication or has any behavioural/disabilities or allergies, please provide details.	<b>YES / NO</b>
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If your child needs to bring medicines with him/ her please ensure they are in a sealed plastic bag with the name of the child, they should be handed to a member of Oaker Wood Leisure staff on arrival.

**Inhalers: We recommend your child/ children keep(s) his/her inhaler with him. Please notify staff on arrival if your child has an inhaler with him/ her.**

Please outline any special dietary requirements of your child:
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Is your son/daughter allergic to any medication?	<b>YES / NO</b>
If Yes, please give details:	

When did your son/daughter last have a tetanus injection?
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Can your child swim 25m? <b>YES / NO</b>	Is your child confident in water? <b>YES / NO</b>
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We sometimes take photographs of our activities for use on our web site and brochures. Please confirm you are happy for photos of your child to be used in promotional material. **YES / NO**

**IN CASE OF EMERGENCY:** All Oaker Wood staff receive Health and Safety awareness training, and all senior instructors carry a current, valid First Aid Certificate. In case of a medical emergency Oaker Wood staff will contact you on the numbers listed above. We will also contact the emergency services. I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I confirm that I fully understand the details of the activity / adventure day at Oaker Wood Leisure which my child will participate in. I agree to my child participating in any or all of the activities as described on our website, and acknowledge that there is an inherent risk in these activities. I accept that in certain circumstances (e.g. weather) the content of the programme may change. I have read and agree with the Cancellation/ Behaviour Policies as outlined on the web site. \*

I confirm that my child has not had any of the recognised symptoms of Covid – 19 in the last 14 days.

I understand and agree that these details will be held on the Oaker Wood Database and may be used to send me details of future Activity Days & Events (see our Privacy Policy on the web site)

Signature of Parent/Guardian	Date:
x	x