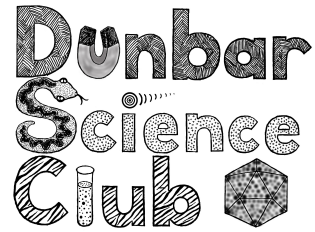


**Dunbar Science Club  
Parental Consent & Medical Information Form**



*Please complete the following, sign and return to the leader before your child starts their session. The information will be kept confidential.*

Name of Child.....

Date of Birth.....

Parent/

Guardian.....

Address.....

.....

.....

.....

Telephone.....

Mobile.....

Will your child be collected/ given permission to walk home from the Dunbar Science Club:

Collected  Walk home

If collected by whom:.....

**Medical Information:**

Family doctor..... Doctor's tel no:.....

Does your child suffer from any medical conditions including ADHD/ allergies that the club should be aware of:

.....

.....

.....

.....

.....

**Please provide emergency contact details: (if different from above)**

Name.....Telephone

number.....

Relationship to

child.....

a) I give consent for DUNBAR SCIENCE CLUB staff to take the required action should my child need emergency medical attention or to administer general First Aid for minor injuries.

b) In order to create a record of the young people's activities and to promote the Dunbar Science Club,

photographs may be taken in the context of the Science Club and for this we need your permission. On signing this form we will assume you have given permission for your child's photograph to be taken unless otherwise informed.

c) We reserve the right to withdraw your child from any activity if they are not behaving, as they could be a danger to themselves and others.

Signed.....(Parent/ Guardian) Date:  
.....

