



**DOES YOUR CHILD HAVE ANY KNOWN MEDICAL PROBLEMS? (PLEASE LIST)**

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**DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES OR MAJOR DISLIKES (i.e. foods or materials)?**

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**ANY OTHER INFORMATION YOU THINK WE OUGHT TO KNOW**

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**RELIGION** \_\_\_\_\_

**SOME OF THE ROUTINE ACTIVITIES OF THE PLAYScheme MAY INVOLVE VISITING PARKS OR SHORT TRIPS ON FOOT OR IN A MINI BUS. FOR YOUR CHILD TO TAKE PART IN THESE ACTIVITIES, YOU MUST GIVE YOUR PERMISSION.**

**I AGREE TO MY CHILD TAKING PART IN THE ACTIVITY DESCRIBED ABOVE.**

**YES/NO**

**THE TOWN COUNCIL MAY DURING THE PLAYScheme TAKE PHOTOGRAPHS, TO ASSIST IN THE PROMOTION OF THE PLAYSchemes.**

**I AGREE THAT PHOTOGRAPHS MAY BE TAKEN OF MY CHILD FOR PROMOTIONAL PURPOSES ONLY.**

**YES/NO**

**I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT NECESSARY DURING THE RUNNING OF THE PLAYScheme. I AUTHORISE THE PLAYCARE STAFF TO SIGN ANY WRITTEN FORM OF CONSENT REQUIRED BY THE HOSPITAL AUTHORITIES IF THE DELAY IN GETTING MY SIGNATURE IS CONSIDERED BY THE DOCTOR TO ENDANGER MY CHILD'S HEALTH AND SAFETY.**

**YES/NO**

**I/WE HAVE READ THROUGH THE RULES/REGULATIONS ABOUT HOW THE PLAYScheme OPERATES.**

**I/WE UNDERSTAND THAT IF THERE ARE ANY PROBLEMS I/WE CAN DISCUSS THESE WITH THE CO-ORDINATOR OR A REPRESENTATIVE OF THE TOWN COUNCIL.**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_