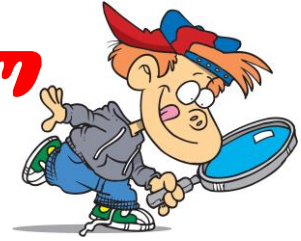


Consent Form



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 appropriate first aid to be given. In an emergency, and if I can't be contacted, I'm willing for my child to be given hospital treatment. I understand that every effort will be made to contact me asap.	
Signature of Parent/Guardian	Date