

A WOW

IN AID OF THE COUNTESS OF
BRECKNOCK HOSPICE, ANDOVER

Parental/Guardian Consent Form

Participant Name:

Address:

Postcode:

Contact Tel:

Contact Email:

Date of Birth: Gender:

PARTICIPANT MEDICAL INFORMATION:

Do you have any relevant medical conditions that we should be aware of? If Yes, please provide details;

YES NO DETAILS:

Do you have any allergies? If Yes, please provide details;

YES NO DETAILS:

Please provide details of any other information that may be relevant to participation in this event;

DETAILS:

EMERGENCY CONTACT DETAILS:

Contact Name:

Contact Tel:

Relationship

We may occasionally film or take photographs for publicity purposes, including reproduction on our website. If you **do not** agree to us using photographs or footage that includes yourself/your child, please tick the box:

I have read and understood the event guidelines and agree that the above named person is fit to participate.

PARENT/GUARDIAN SIGNATURE:

PRINT NAME: DATE:

please save completed form and bring with you on the day
for submission to organisers