

APPLICATION, CONSENT AND HEALTH FORM

This form must be completed by an accompanying parent/carer before their son/daughter or vulnerable, accompanied adult can participate in the activities at this Event. The carer is responsible for their child's or vulnerable adult's wellbeing throughout the Event.

Organisation: **Brain Tumour Action.**

Date: **Saturday 3rd. June, 2017.**

Activity: **Blair Drummond Safari Park Family Day.**

This form must be completed and returned to **Brain Tumour Action, 25, Ann Street, Edinburgh EH4 1PL or scanned and emailed by **May 15th. 2017.** Unfortunately late applications cannot be accepted.**

I agree to my child/children taking part in extra activities provided by **Brain Tumour Action at the Fun Day Event.**

Signed	
Print name	
Date	

Names of all those attending including their relationship to the patient:	
Home address:	
Telephone number: Email address:	

Brain Tumour Action: 25, Ann Street, Edinburgh EH4 1PL.

www.braintumouraction.org.uk email: administrator@braintumouraction.org.uk

Registered Scottish Charity SC 021490

Children's Dates of Birth:	
----------------------------	--

Name and address of emergency contact:		
Home Phone Number		Mobile
Emergency Telephone Number		

Additional Consent: During the Fun Day, photos may be taken of young people while participating in activities. **Brain Tumour Action** would like to use some of these for publicity purposes, in our newsletter or on our website. For this we require your consent and would be grateful if you would sign below.

I am happy for **Brain Tumour Action to use photos of my son / daughter on their website or in publicity produced by the organisation.**

Signed	
Print name	

Additional Health and Dietary requirements:

Please include here any relevant medical information, for example epilepsy which you think we should know about.

Lunches required:

Please indicate how many complimentary lunches (sandwiches, fruit, crisps, juice) you would like to order and tell us about any food allergies.