



KIDS WEEK CONFIRMATION FORM

Parent/guardian's name and email address:

Mobile number:

Name of child:

Age of child:

Does your child have any access requirements?

Yes/No

If yes please specify below:

Does your child have any medical conditions or food allergies we need to be made aware of?

Yes/No

If yes please specify below:

If necessary, do you consent to a qualified staff member administering First Aid to your child?

Yes / No

If necessary, do you consent to a staff member accompanying your child to Accident and Emergency, until you are contacted?

Yes / No

Please provide a name and mobile number for an emergency contact in case we are unable to reach you:

Can you confirm that you will collect your child at the end of the workshop, if applicable?

Yes / No

If you are unable to collect your child in person, please nominate the person permitted to collect your child, along with their contact details. Your child will only be released to yourself or the person nominated.

Name _____

Contact number _____

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Rose Street, London, WC2E 9ET.