



**ACTA Holiday Camps - Parent Consent and Medical Form**

Child's Name (please print): \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home/mobile contact No: \_\_\_\_\_

Name of person to collect: \_\_\_\_\_

Carer/Nanny Contact No (where appropriate): \_\_\_\_\_

Please tick below if you are happy for your child to make their own way home after the camps or to give permission to meet the designated person to collect them in the car park area:

Please tick here for YES:

Or here for NO:

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Any further information that ACTA requires?

I give my permission for ACTA to take photographs/video during the course of the week which may include my child, for promotional or educational purposes:

Please tick here for YES:

Or here for NO:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_