

Sevenoaks Campaigners BOOKING FORM

Please insert outing & date above

I/we would like a place on this outing for:

Names:

Details of the event are in the Campaigner News.

Please return this form with the fee for the outing.
Cheques should be made payable to 'Campaigners, Sevenoaks'.

If this form is for unaccompanied young people under 18, please complete the consent form overleaf.

CONSENT FORM

Young person's name: _____

may join the outing booked overleaf. I understand that the staff in charge of the party will take all reasonable care of the children, but that they cannot necessarily be held responsible for any loss, damage or injury suffered by my child arising during or out of this trip.

I consent to any emergency treatment necessary during the course of the trip. I therefore authorize the outing leaders to sign, on my behalf, any written form of consent required by the hospital authorities, should a surgical operation or serum be deemed necessary and provided that the delay to obtain my signature be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

My son/daughter has/has not been actively sensitive to Penicillin. (Delete as appropriate)

He/she suffers from: _____
requiring regular treatment. (Please describe the illness or condition and the treatment required - attach a separate note if necessary)

His/her doctor is (Name, address and telephone)

Telephone number for emergency contact:

Name of Parent/Guardian:

Signature:

Date: