 **GROW WELLBEING Registration form**

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| **Event** | **Kindergarden Stay’n’play** |
| **Location** | Woodland glade, Tam O’Shanters Farm, Boundary Rd. Bidston, CH43 7PD |

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| --- | --- | --- | --- |
| **Adult Full Name** | **Relationship to child/ren** | **Medical Information** | **Dietary needs** |
| 1. |  |  |  |
| 2. |  |  |  |

|  |  |
| --- | --- |
| **Home - Street Address** |  |
| **Address line 2** |  |
| **Town/City** |  |
| **Postcode** |  |
| **Adult 1 - Home telephone** |  |
| **Adult 1 - Mobile Phone** |  |
| **Adult 1 - email** |  |
| **Adult 2 details (if different)** |  |

|  |  |  |
| --- | --- | --- |
| **Alternative contact in case of Emergency**  | **Name:**  | **Mobile no:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Full Name** | **Date Of Birth (mm/dd/yyyy)** | **Medical Information** | **Dietary needs** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**Photo consent**

|  |  |
| --- | --- |
| Please confirm permission for you and your child/children’s photos and videos to be used for website, social media, advertising and local press.  | **YES/ NO** |

**Medical permissions**

In the event that medication or medical treatment may need to be administered, please give permission as follows:

|  |  |
| --- | --- |
| Permission to administer antihistamine in case of an adverse reaction to the environment | **YES/ NO** |
| Permission to administer paracetamol in case of a high temperature  | **YES/ NO** |
| Permission for staff to seek emergency treatment and advice from a medical practitioner  | **YES/ NO** |
| Permission, in the event of an emergency, to take affected attendee to see a GP/A&E/ hospital  | **YES/ NO** |
| **Please confirm that all participants have not displayed symptoms of covid-19 before attendance.** | **YES/ NO** |

**Parental Consent**

|  |  |
| --- | --- |
| **Have you read and understood GROW-Wellbeing 's Terms and Conditions?**  | **YES/ NO** |
| Please sign to confirm that you have parental / guardian responsibility of the child/ children named on this booking form and that you confirm that you have read and understood the terms and conditions of this booking. |
| **Name:****Date:** | **Signature:** |