

Create History Arts Award at Maidstone Museum

Booking & Medical Permissions Form

All information provided here will be treated with the utmost confidence in accordance with the Data Protection Act. For the safety and welfare of your child and other Create History participants, **please complete each question** and return the form in person or email it back to museumevents@maidstone.gov.uk

We will confirm your booking upon return of this form and receipt of payment. Please complete a separate form for each child attending.

Which days/themes do you wish to book? These are repeat days, so please only book one day.

Monday 14th February; Museum of Me

OR

Tuesday 15th February; Museum of Me

Name of Child:

Date of Birth:

Gender:

Address:

Home telephone number:

Mobile phone number:

Blood group (if known):

Does your child wear contact lenses: Yes / No

Treatment that my child must not receive without my permission (e.g. blood transfusion):

Allergies and Medication

NB: Please note - any medication required, for instance, inhalers and epi-pens, must be brought with you to the Club.

Please list all allergies:

Please list all medications that your child takes and how and when it is to be administered:

Doctor's Details

Doctor's Name:

Doctor's Phone Number:

Doctor's Address:

Emergency Contacts

Please give details of two different contact numbers and addresses in case of emergency:

Name:

Relationship to Child:

Telephone Number:

Mobile Number:

Address:

Name:

Relationship to Child:

Telephone Number:

Mobile Number:

Address:

Consent

In the event of illness or accident requiring emergency hospital treatment, every effort will be made to contact you immediately. If this is not possible, any decisions regarding your child's health will be made by qualified medical staff.

Signed:

Print name:

Relationship to Child:

Date:

Email: