

Activity/ Event

Participant Information Form

Location	
Date	

The purpose of this form is to obtain information that supports your child while they are participating in [club's] event/activity. This information is to ensure your child's safety and wellbeing and will be used in the event of an emergency. The information will be stored securely while your child is with the club and will be destroyed on completion of the event – no information will be retained by [club].

**Young Persons Information**

Name	
Date of Birth	
Religion	

**Medical needs** (please provide details of any medication that your child will require during the day)

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**Disabilities / Additional needs** (please provide details of any additional support, assistance or supervision your child may require)

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**Dietary needs** (please provide details of any dietary needs including allergies, intolerances, religious or cultural requirements)

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### Parental Information

Name	
Relationship	
Emergency contact details	
Additional contact details	

Name of person collecting (if different from above)	
Relationship	
Contact details	

### Parental Consent

In an emergency, I authorise appropriately trained staff to organise the administration of first-aid and/or other medical treatment as necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_