

PYRAMID ROCK CONSENT FORM *(Please use a separate form for each child.)*

Child's full name

Date of birth

Address

Emergency contact name

Phone number

GP's name

GP's phone number

Any known allergies or conditions

I CONFIRM THAT THE ABOVE DETAILS ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signature of parent/guardian:

Date: