

I am happy that I have received information about the camp and that I can contact my child's school or The Outdoors People if I require more information.	Yes	<input type="checkbox"/>
I am happy for my child to take part in the camp.	Yes	<input type="checkbox"/>
I understand that, while the incidence is low, sports and adventure activities include inherent risks of injury.	Yes	<input type="checkbox"/>
I agree that my child will be given first aid or urgent medical treatment if required.	Yes	<input type="checkbox"/>
I agree that school staff or The Outdoors People can provide my child with sunscreen if required.	Yes No	<input type="checkbox"/> <input type="checkbox"/>
I agree that other children or school staff can help my child apply sunscreen if required.	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Details of any medical conditions that my child suffers from and any medication my child should take during the camp:		
Details of any dietary requirements or food allergies:		
YOUR NAME	NAME OF CHILD	
SIGNED	DATE	