

Early Help Team Summer Activity – Request/Permission Form

Name of child/ren	Surname	Age	Date of birth

Address:

Postcode:

Home Phone number:

Referrer Name	Referrer Tel No.	Parent/carer name	Emergency contact no.
Sign to consent for use of images		Transport permission	
Yes	No	Yes	No

Activity days I would like my child to attend, please tick boxes:

Mondays				Wednesday		Thursday		Friday	
Redruth Youth Centre				Helston Family Hub		Lizard Football Club		Treloweth Family Hub	
30 th July				1 st Aug		2 nd Aug		3 rd Aug	
6 th Aug				8 th Aug		9 th Aug		10 th Aug	
13 th Aug				15 th Aug		16 th Aug		17 th Aug	
20 th Aug				22 nd Aug		23 rd Aug		24 th Aug	
				29 th Aug		30 th Aug		31 st Aug	

Parent/carer signature.....

Date.....

DATA PROTECTION STATEMENT: The personal information you provide on this form will be held by Cornwall Council. It will be used solely for the purpose of processing and monitoring your support. All personal information held by Cornwall council is held safely in a secure environment. Cornwall Council adheres to all the principles of the data Protection Act 1998

Name of child	Has your child to your knowledge been in contact with any infectious illness in the last 3 weeks?
Name of child	Does he/she suffer from allergies, diabetes, migraine, epilepsy or any other illness or disability?
Name of child	Is he/she allergic to anything e.g. antibiotics, Elastoplast, aspirin or any such medicines or any particular food or drink?
Name of child	Is he/she actively sensitive to penicillin?
Name of child	Is he/she receiving any medical treatment at present?

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