**Marie in the Margins Summer Adventure Days**

**with Explore the Arch at Hastings Museum and Art Gallery**

Medical consent form

Please state the date on which your child will attend:

**General info**

| Child’s name |  |
| --- | --- |
| Date of birth |  |
| Contact phone |  |
| Address |  |
| Blood group  (if known) |  |
| Do they wear  Contact lenses? |  |
| Any treatment which they must not receive without  Your permission |  |

**Allergies and medication**

| Please list all allergies |
| --- |
| Please list all medications your child takes and how and when it is to be administered (Note that children must bring with them any necessary medications) |

**Doctor’s details**

| GP name |  |
| --- | --- |
| Phone |  |
| Address |  |

**Emergency contacts**

Please give details of **TWO** different people who can be contacted in the event of an emergency involving the child

| Name |  |
| --- | --- |
| Relationship to child |  |
| Contact number(s)  Please give as many as possible |  |
| Address |  |
| Name |  |
| Relationship to child |  |
| Contact number(s) |  |
| Address |  |

**Consent**

In the event of an emergency, every effort will be made to contact you. If this is not possible, decisions about your child’s health will be made by qualified medical professionals. Please indicate your consent to this by signing below.

Signature

Print name

Relationship to child

Email

Date

**This form must be completed and returned to** [**office@explorethearch.com**](mailto:office@explorethearch.com) **at least one week in advance of the workshop day, in order to confirm your place.**