



SUMMER SPECTACULAR

ENABLE SCOTLAND CONSENT FORM

Please click to show chosen area:

North Lanarkshire

Glasgow

East Dunbartonshire

East Renfrewshire

Please return
this form:
**Monday 16th
June 2014**

The following information will be treated in strict confidence

YOUNG PERSONS PERSONAL INFORMATION

Full Name: *

Address: *

Postcode: *

Telephone: *

Date of Birth: *

Email: *



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* Required Field

PARENT / GUARDIAN / CARERS PERSONAL INFORMATION

Full Name: *

Address: *

Postcode: *

Telephone: *

Date of Birth: *

Email: *



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* Required Field

EMERGENCY CONTACT DETAILS (PLEASE PROVIDE TWO)

1

Full Name: *

Relationship to
Participant: *

Address
(if different
from above): *

Postcode: *

Home
Telephone:

Work/ Mobile
Telephone: *



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* Required Field

EMERGENCY CONTACT DETAILS (PLEASE PROVIDE TWO)

2

Full Name: *

Relationship to
Participant: *

Address
(if different
from above): *

Postcode: *

Home
Telephone:

Work/ Mobile
Telephone: *



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* Required Field

MEDICAL INFORMATION - REQUIRED

Name of
Doctor: *

Surgery
Telephone
Number: *

Surgery
Address: *

Postcode: *

Known
allergies to
medicine/
food/other:



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* Required Field

MEDICAL INFORMATION - REQUIRED - CONTINUED

Present Medical Condition - Enter in the box below.

Please include anything that may affect participation and which should be known to a doctor before treatment, e.g. asthma, epilepsy, recent injury). Please also include any diagnosed medical condition (for example Cerebral Palsy/ADHA/Autism).

Your child will not be excluded due to a medical condition instead we will work with you and your child to support them in the best way possible.

Does your Young Person require personal care support? (Please check one box)

Yes

No

If Yes we will contact you for more details



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* Required Field

MEDICAL INFORMATION - REQUIRED - CONTINUED

Any additional information that would be helpful for
ENABLE Scotland co-ordinator:

Likes:

Dislikes: (e.g.
disco lights,
balloons,
bananas)



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* Required Field

CONSENT

Any additional information that would be helpful for
ENABLE Scotland co-ordinator:

I consent that my son/daughter can participate in all
booked activities

I acknowledge receipt of the information regarding
the Summer Spectacular including the parents guide

I declare that to the best of my knowledge the
information given is correct.

Print Name: |

Date: |



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* Required Field