



## FizzBug @ The King's School, Harpenden

Please print off, complete and take to the school reception or scan and email [kate@fizzbug.co.uk](mailto:kate@fizzbug.co.uk) (Please make sure we receive your forms at least 2 days before your first booking)

Please complete all details in full.

Children's information

### Child 1

First name:

Surname:

Date of Birth:

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Year & Class:

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### Child 2

First name:

Surname:

Date of Birth:

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Year & Class

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### Child 3

First name:

Surname:

Date of Birth:

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Year & Class

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### Parent, guardian or foster carer contact details

Title:

First name:

Surname:

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Relationship to child:

Email:

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Address:

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Home telephone:

Work telephone:

Mobile:

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Please give details of an alternative contact to the above that we may refer to in case of an emergency if we are unable to contact you

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>

**Relationship to child:**

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<b>Home telephone:</b>	<b>Work telephone:</b>	<b>Mobile:</b>

### Medical information and dietary requirements

Children's Doctor contact details

<b>Name of Doctor:</b>	<b>Telephone number:</b>

**Address:**

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### Medical Conditions

Diabetes  Asthma  Epilepsy  Heart defect  Eczema  Other  Allergies

If the young person suffers from any allergies (including allergies to food , stings or medication), from any medical conditions requiring medical treatment or from any form of restricted mobility, please provide further information below:

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### Medications

Has the child received a tetanus injection in the last five years? Yes:  No:

Parental Consent - I give permission for:

Can the child be given paracetamol? Yes:  No:

First aid to be carried out on my child by a trained first aider/doctor Yes:  No:

The use of plasters Yes:  No:

The use of antiseptic spray (minor grazes, stings, burns etc) Yes:  No:

Will the child be bringing any medication with them to camp? Yes:  No:



If you have answered YES, please provide the name, dosage and purpose of the medication. It is best to send a copy of the prescription to camp, along with any medication

**Note:** If the young person is bringing an EpiPen to FizzBug, please hand it to a member of staff and reconfirm if they are able to self-administer.

**Dietary requirements**

Vegetarian  Vegan  Dairy free  Wheat free  Gluten free  Diabetic  Other   
If yes to any of the above, please give further details



### Support needs

We want your child to have a fantastic experience and so we must be fully aware of your child's needs. Please check the following statements and tick ALL that apply, so we are able to understand your child better.

#### Emotional

History of Shy/not confident  being bullied  Sensitive / gets upset easily  Other   
Needs encouragement

Please provide further information below:

#### Physical

Wheelchair user  Limited / restricted mobility  Needs personal care (toileting, feeding, etc)   
Severe visual impairment

Other Please provide further information below:

#### Photography Consent

FizzBug approved photographers/videographers may be at activity sessions. Tick this box if you DO NOT agree to us reproducing or publishing any photograph, video or likeness of the child in the promotion of FizzBug products.



## FizzBug Agreement

### Cancellation:

If you need to cancel any sessions booked, please advise as soon as reasonably practicable. If less than 48 hours, 100% of the charges may apply.

FizzBug is committed to ensuring that all participants have an exciting and rewarding time within a safe environment while attending their club. This requires the active co-operation and satisfactory behaviour of everyone involved to ensure that the enjoyment of all is unimpaired. It is essential, therefore, that FizzBug is given all relevant information with regard to a child's background. By signing this agreement we are asking you to confirm that all information provided by you is accurate and that you agree to all of the points below:

### Parent or Guardian:

I have read, understood and fully agree to the Terms and Conditions outlined above

I give permission for this child to participate in all activities

I have given full and detailed information relating to any medical and dietary needs of the child

I have given full and detailed information relating to any emotional and behavioural issues

I understand that all medication (including self-administered) must be clearly labelled with details of the dosage and usage and handed to an Instructor on arrival

In the event of an emergency where neither I, as parent/guardian/carer, nor my alternative contact can be reached, I agree to medical and dental treatment being given to the child in accordance with the recommendations of a qualified medical practitioner. This may also include the administration of a general anesthetic or surgical operation. I understand that emergency dental treatment may incur a charge for which I will be liable.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

