

## MiXXtra Application and Consent Form 2017

Name

Address

Postcode

Tel. No

Email Address

Emergency Contact Name and No. (if different to above)

Medical information:

Name & Address of GP

GP Tel. No.

Any Medical Information we should be aware of: (medication, allergies)

Dietary Requirements:

(any food allergies etc)

A Qualified First Aider will be on site and will hold a basic first aid kit with plasters, bandages etc. In the event of an accident or illness, the Party Leader (Jane Petrie) will contact you, the parent/carer before seeking professional, medical help if deemed necessary.

We will be taking photos throughout the weekend, which we would then like to publish on the Springfield website. If you would prefer your child not to be included in this, please contact Jane Petrie before the weekend.

### **Declaration:**

I give permission for ..... to attend the MiXXtra weekend away on 13th to 15th October 2017. I understand, and have explained to my child, that they will be required to follow the instructions and advice of the MiX team leading the weekend. I understand that if my child's behaviour puts others at risk, they will be asked to return home.

I understand that Springfield Church cannot be held responsible for any loss or damage of my child's property.

I enclose payment of £75 (cheques made payable to Springfield Church).

Signed: .....

(Parent/Carer)

Date: .....

Please return completed form, together with payment to:  
Jane Petrie, Curate, Springfield Church. 38 Stafford Road, Wallington SM6 9AA.  
[jane@springfieldchurch.org.uk](mailto:jane@springfieldchurch.org.uk) / 07488 599786