

ALLERGIES/MEDICAL CONDITIONS

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PEOPLE AUTHORISED TO COLLECT CHILD

NAME.....

RELATION TO CHILD.....

SIGNATURE.....

NAME.....

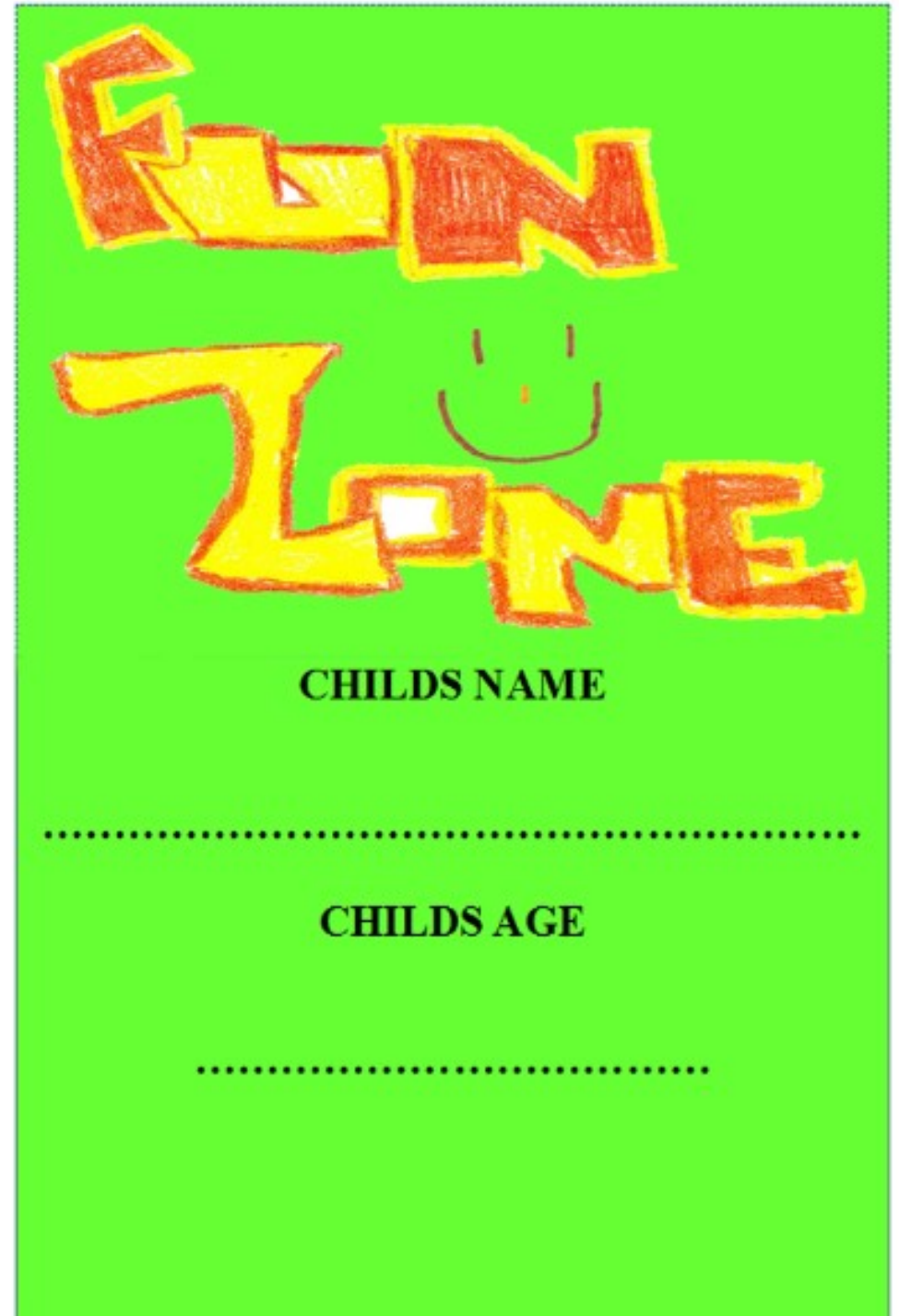
RELATION TO CHILD.....

SIGNATURE.....

NAME.....

RELATION TO CHILD.....

SIGNATURE.....



Emergency Contact Information

DATE	CONTACT NUMBER	CONTACT NAME

I hereby give permission for first aid to be administered if required.

Please be aware that in the case of a serious emergency where hospital treatment is required, a member of staff will accompany your child until you arrive.

Record of Fun Zone Accidents

Slips, Trips & Falls

Date of Injury	Details of Injury	Form Signed

Collisions

Bites, Stings & Allergy related problems

Other Minor Injuries i.e. Nose Bleeds, Cuts

Major Injuries; Head Injuries, Fractures, Eye Injuries etc.
