



SEALYHAM ACTIVITY CENTRE

Top Section to be completed for those aged under 18:

I give permission for my childto participate in activities
at Sealyham Activity Centre from to2017,
my child being to the best of my knowledge in good health.

The remainder of the form is to be completed by everyone attending the centre:

Full name of person attending:

Date of birth: M/F:

Home Address:

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Email address:

Telephone: Swim 50 metres Yes/No:

Date of last anti-tetanus injection:

Details of any specific health problems, allergies, special diets etc:

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Name of any medicines to be administered and dosage:

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