

Booking Consent Form

Name of Parent/Guardian:

Address:

Post Code:

Telephone Number(s):

Name of young person:

Date of Birth:

Contact Address (if different to above):

Post Code:

Telephone Number(s) (if different to above):

Name of person to contact in an emergency:

Telephone Number(s) (if different to above):

If your son/daughter is travelling in a group who is the lead parent contact?

Name of lead parent:

Telephone Number(s):

Name of Parent/Guardian:

I undertake to pay the required sums by the dates specified in the information and accept that in respect of any withdrawal from the trip, for whatever reason, there can be no refund of the whole or part of the payments.

Medical information

Any specific medical conditions requiring medical treatment and/or medication?

Yes If Yes, give details:

No

Any allergies?

Yes If Yes, give details:

No

Consent for my daughter/son to be accommodated in the same room as other people who are part of their holiday party

Yes If Yes, give names and ages:

No

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I have read the Code of Conduct/Guidance for accommodation providers and agree that my child should abide by this whilst staying in this accommodation. I understand that a serious or continued breach of this code may result in my child being sent home early at my expense.

I, _____ being parent/guardian of the above named child hereby give permission for my child to be given immediate medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature:

_____ (consent by parent/guardian)

Date: _____