



HADCAF 2017

Children's Workshop, Hungerford, July 16th 2017, 11am – 1pm

CONSENT FORM

I am happy to leave my child / children

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

with the HADCAF team for the duration of the workshop.

My mobile number is: _____

Relationship to child / children: _____

Allergies: The children will be offered a drink and a snack (included in the price), so please note any foods they are NOT able to have:

Medical / Care Information: Please let us know any medical or other care information that will help us take better care of your child / children:

I will be willing to return to the venue to attend to my child / children if contacted by one of the workshop team, in case of difficulty.

I will collect my children by 1pm (PRIOR TO THE PICNIC) and understand that HADCAF has no responsibility for the child / children after 1pm.

SIGNED: _____

NAME: _____

Date: _____