



Jungle Kids Ltd

Jungle kids/Jungle camps Medical Form

Please complete as appropriate using one form per participant

Name of parent / Guardian

Name of participant -

Home Address -

Date of Birth

_____ / _____ / _____

Age

Email Address -

Contact Name & Number 1-

Contact Name & Number 2 -

School -

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I, _____ give permission for _____ to take part in Jungle Kids Ltd activities. I know of no reason, medical or otherwise why s/he should not undertake the sports and activities involved. I have completed the medical details below and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which

may include the use of anaesthetics. I understand that every possible effort will be made to contact me first. I also understand that while staff will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

I agree that sunscreen provided by myself, with my child's name labelled on the bottle, can be applied during the day by a Jungle Kids member of staff.

I am willing to let my child participate in any official media coverage required including photography Yes / No (delete as appropriate)

Signed:

(Parent/Guardian)

Date: _____ / _____ / _____

Medical Details

Doctor's Name: Dr _____

Telephone: _____

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