

**Booking confirmation slip.**

This slip must be brought to each session with each child.

Please do not try to attend without this slip  
as we will not be able to accommodate your child.

**Child's name:** .....

**Booking reference:** .....

**Medical condition(s)** (example asthma, allergies, any other disability  
that will need accommodating.)

.....  
.....

**Current medication:**

.....  
.....

**Contact phone number in the event of a medical emergency.**

.....

Will medication be needed while attending? Y\* / N\*  
(\* delete as applicable)

**Consent**

I consent\* / do not consent\* to photographs of my child being used for  
publicity purposes. No names will be used.  
(\* delete as applicable)

I consent\* / do not consent\* to my child working with blades and sharp tools  
under close supervision by qualified practitioners.  
(\* delete as applicable)

I consent\* / do not consent\* to my child working with fire under close  
supervision by qualified practitioners.  
(\* delete as applicable)

I consent\* / do not consent\* to my child eating marshmallows.

I consent\* / do not consent\* to my child consuming provided soft drinks and hot  
chocolate.

**Clothing / Sun protection**

Suitable clothing / hats must be worn for the expected weather. Sunscreen should  
be applied before attending and provided for reapplication.