DATE OF VISIT ………………… NAME OF GROUP           ..........................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Address for school/organisation | Details of any disability, illness or injury which may affect participation in activities. Please continue on a separate sheet if necessary | Consent for photographs\* |
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\**we sometimes take photographs for promotional purposes including social media.*

*Please state if you would rather not have your picture taken*

I confirm that

The above named individuals consent to attend QE2 Activity Centre to take part in activities

I have given appropriate medical details

These named individuals are capable of taking part in the activities organised by the Centre

Signed Position Organisation Date