

Consent Form



This form is required for all Wide Horizons participants and must be completed in BLOCK CAPITALS.

Participant's Details

Full Name	DOB
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Address

Postcode

School Name	Postcode
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GP Name & Address

Parent/Guardian's Details

First Name	Last Name
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Email																			
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Daytime Telephone	Mobile Telephone
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Medical Information: Details of any special medical conditions, allergies, medication and dietary requirements.

Emergency Contact	Number
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Declaration by Parent or Guardian:

I consent to my child taking part in all activities listed in the programme and to receive any necessary medical treatment during their visit. Wide Horizons occasionally uses images of activities to promote their work on their website, in brochures and press releases (with strict guidelines) and I consent to images featuring my child to be used for these purposes by Wide Horizons.

Please keep me informed with news and updates from Wide Horizons. (Your personal information will be stored in accordance with the Data Protection Act 1998 and will not be shared with any other organisation).

Signed	Date
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