



# CAMDEN WOODCRAFT FOLK

## GENERAL PERMISSION SLIP

Name of Event: .....

NAME of person attending	D.O.B	MEDICAL NUMBER	DOCTORS NAME AND TEL	DIET/Veg.

Cash/Cheque enclosed (please circle which). Amount: £ .....

I can help with buying food/packing equipment/giving lifts (please delete)

Emergency contact numbers: .....

Medical Conditions/Allergies.....  
All medication must be handed to a Leader with instructions.

*I give my permission for those named to attend. In case of emergency, I authorise the leaders to act on my behalf. I understand that I will be informed as soon as possible. I will collect my child immediately if requested to do so.*

*I give permission for photos of my child/ren to be used in Woodcraft Folk publicity. (Delete if do not agree)*

Signed: .....Date:.....