



General/Medical Information Form

Active Schools – Screening Form

ACTIVITY: _____

VENUE: _____

DATES & TIME: _____

COST: _____
(Please enclose cash or cheque payable to 'Aberdeenshire Council')

NAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

PRIMARY CLASS (e.g. P1): _____

SCHOOL: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Places may be limited for some activities and will be issued on a first come, first served basis. To register please return the completed form and payment to your child's school office.

Name: _____

Please state any relevant medical conditions we need to be aware of and any medication taken.

1 _____

2 _____

Emergency Contacts - Please provide contact details of someone we could contact in the event of an emergency

Name: _____ Relationship: _____

Phone: _____ Mobile: _____

Pick Up - If the activity is being held after school please tick one of the following boxes:

I give permission for my child to make his/her own way home

I do not give permission for my child to leave and a parent/guardian will collect them at the end of their class

Photography may be used during the sessions for promotion and publicity purposes. Please tick this box if you DO NOT wish your child to be photographed

The information given will be treated in confidence and held in accordance with the requirements of the Data Protection Act 1998.

I agree to my child receiving emergency medical treatment if necessary.

Signature of Parent/Guardian: _____



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