

GUARDIANS OF  
**ANCORA**  
**CONSENT**



Please use a separate form for each child.

Child's full name

Address

Postcode

Emergency contact name

Telephone

GP's name

GP's telephone

Any known allergies or conditions

**I confirm that the above details are complete and correct to the best of my knowledge.**

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signature of parent/guardian

Date

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