

Kids Group Lesson: Parent / Guardian Consent Form

Child First Name: _____ Last Name: _____

Lesson start and end date: _____

Important Notice:

We will do our best to provide lunches to meet dietary requirements where possible. However for children with unusual/severe allergies/ dietary requirements we recommended providing your child with a packed lunch. The Lunch will take place at the Horn cafeteria from 12:30 – 13:30.

Allergy, dietary restriction and health concern

Food Allergies	Dietary Restrictions
<input type="checkbox"/> No known food allergies <input type="checkbox"/> Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Wheat <input type="checkbox"/> Fish <input type="checkbox"/> Soy <input type="checkbox"/> Additional specifics (please fill in): _____ _____	<input type="checkbox"/> No dietary restrictions other than those listed on the left <input type="checkbox"/> Vegetarian (no meat) <input type="checkbox"/> Vegan (no meat/dairy) <input type="checkbox"/> Lactose intolerant (no dairy) <input type="checkbox"/> Celiac disease (no gluten) <input type="checkbox"/> Additional specifics (please fill in): _____ _____
Medications Allergies	Other Health Concerns
<input type="checkbox"/> No known Medications allergies <input type="checkbox"/> Additional specifics (please fill in): _____ _____ _____ _____	<input type="checkbox"/> No other health Concerns <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing loss <input type="checkbox"/> Asthma (provide inhaler to instructor) <input type="checkbox"/> Major surgery or illness <input type="checkbox"/> Behaviour problems <input type="checkbox"/> Additional specifics (please fill in): _____ _____

Please turn over

Emergency Contact details

First Name: _____ Last name: _____

Relationship to child: _____

Phone: _____ Mobile: _____

Email: _____

Hotel

North & South Wing Westin Rusutsu Resort

Others, please specify _____

Room number: _____

The information provided in this form is true to the best of my knowledge.

Parent/Guardian

Signature: _____ Date: _____