



## CONSENT FORM (ONE PER CHILD)

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at beginning of June: \_\_\_\_\_

Home Tel no: \_\_\_\_\_

Emergency contact no: \_\_\_\_\_

Doctors name: \_\_\_\_\_

Doctors Tel no: \_\_\_\_\_

Medical details: (Allergies/Asthma etc..) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Promotional only Photography may be involved

Signature Parent/Guardian \_\_\_\_\_

Name in block capitals \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS OR  
WOULD LIKE TO KNOW MORE ABOUT THE NOISE  
PLEASE EMAIL [info@noiseprojectchi.org.uk](mailto:info@noiseprojectchi.org.uk) or CALL  
THE NOISE MOBILE AND LEAVE A MESSAGE - 07771713979