**OPERATION MOONLIGHT 2025**

**Saturday 1st February 2025**

**Complete in BLOCK CAPITALS.**

**Information provided will be held by the Event Leaders and be treated in confidence.**

**Forename(s):**

**Surname:**

**Date of birth**:

**Sex**:

**Main Person to be contacted in the case of an emergency:**

Name:

Home Phone:

Mobile:

Relationship:

**Home Details:-**

Address:

Postcode:

Home Phone:

**Current Medical Condition:** Do you have a current medical condition of any sort?

Please list any current medication/treatments that you are currently receiving, either regularly or intermittently. Include the dose and number of times/day that you take medications. Remember to include any inhalers you may use, REGULAR painkillers, etc.

**Allergies:**

Have you ever suffered from a severe (anaphylactic) allergic reaction?

Do you carry an epipen? Are you allergic to Penicillin?

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Please list any know allergies that you currently/previously suffer from and state any medication taken.

**Consent:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

confirm the above information and agree to the Leaders of the event acting in loco parentis, such acts being in good faith in the best interests of my son/daughter.

I acknowledge that I have received and read all information in respect of the event, am fully aware of the nature of the activities in which my son/daughter may be participating and am aware of the risks involved. I hereby give my consent.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_