

# OPERATION MOONLIGHT 2026

## Saturday 7<sup>th</sup> February 2026

Complete in BLOCK CAPITALS.

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

<b>Surname:</b>	<b>Forename(s):</b>
<b>Date of birth:</b>	<b>Sex:</b>
<b>Home Details:-</b> Address:   Postcode:  Home Phone:	<b>Main Person to be contacted in the case of an emergency:</b>  Name:  Home Phone:  Mobile:  Relationship:

**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?  
 \*\*\*\*\*  
 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 \_\_\_\_\_