

The Green Team 2017: GREEN ANGELS Booking Form

FOR OFFICE USE ONLY:

On d/base:	Payment rec'd:	E-conf. sent:	On register:
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Enclose £12 for each day with this form, £30 for the weekend residentials. Cheques payable to The Green Team

- January 28th – Edinburgh Zoo
- February 25th – Bawsinch Nature Reserve
- March 25th – Butterdean Wood, nr Haddington
- April 22nd – Royal Botanical Garden
- May 20th-21st – Barnside Farm, Abbey St Bathan's**
- June 17th – Gullane
- July 22nd – Secret Herb Garden
- August 26th – Bawsinch Nature Reserve
- September 16th – 17th – Vogrie Country Park**
- October 7th – Vat Run, South Queensferry
- November 18th – Butterdean Wood
- December 9th – Almondell Country Park

YOUR DETAILS

Name

Address

..... Postcode

Tel no.

Mobile no.

Do you have a regular e-mail address: YES / NO

Regular email:

Date of birth

EMERGENCY CONTACT DETAILS

Name of contact:

Relationship to participant:

Emergency tel nos:

.....

Surgery/Doctor's name and address:

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Tel no:

My participation with the Green Team will count towards the Duke of Edinburgh's Award:

Volunteering Section or Skill Section

What level? Bronze / Silver / Gold. Group / School

E DofE Number

1. Do you suffer from:

- a. Any allergies Yes / No
- If yes, give details
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- b. Travel sickness? Yes / No

2. Are you taking medication at present or do you suffer from any conditions requiring medical treatment? Yes / No

If yes, give details

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3. Have you received a tetanus injection in the last five years?Yes / No

Please give date of last tetanus injection if known

4. Give full details of any illness, injury or condition that might affect your participation.

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5. If required, do you consent to the following being administered?:

a. Paracetamol for pain relief?Yes / No

b. Suncream for protection from the sun? Any brand not permitted?Yes / No

c. Antihistamine? Any brand not permitted?Yes / No

6. Do you have any Additional Support Needs which might affect your participationYes / No

If yes, give details

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7. Do you have any special dietary requirements?Yes / No

If yes, give details

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It is normal practice to take photographs / video for promotional and funding/evaluation purposes. Must be ticked by Parent or Guardian if participant is under 18.

Should you NOT wish the participant to be included, please tick this box

PLEASE NOTE THAT ANY CHANGE IN MEDICAL CONDITIONS OR MEDICATION MUST BE NOTIFIED TO US AS SOON AS POSSIBLE.

PARENTAL AGREEMENT TO EXCURSION AND TO EMERGENCY MEDICAL TREATMENT (THIS MUST BE SIGNED BY PARENT OR GUARDIAN IF THE PARTICIPANT IS UNDER 18)

I agree to the participant taking part in this excursion. I agree to my child receiving emergency dental, medical or surgical treatment **INCLUDING BLOOD TRANSFUSION**/anaesthetic, as considered necessary by the medical authorities present.

Date Signed by parent or guardian

Parents or guardians with objections to the administration of blood products should contact the Green Team before completing this form.

Please print and return this form with your payment to:

The Green Team, Tynecastle High School, McLeod Street EDINBURGH EH11 2ND

Tel: 0131 337 7227 e-mail: info@greenteam.org.uk www.greenteam.org.uk

WE AIM TO CONFIRM ALL BOOKINGS BY EMAIL WITHIN 10 DAYS OF RECEIPT, please ensure you provide a current email address.

For Office Use Only: Notes