

Accommodation Booking Consent Form 2016

Young people under the age of 18 do not have the same legal capacity as an adult to enter into a contract, such as making a room booking. This form should be completed by the young person's parent/guardian and provided to the accommodation provider.

Parent/Guardian

Full name of Parent/Guardian (please print):

Address:

Post Code:

Telephone and contact number(s):

Young Person

Full name of young person:

Date of birth:

Contact Address (if different from above):

Post Code:

Telephone and contact number(s):

Emergency Contact

Name of person to contact in an emergency:

Telephone and contact number(s):

Relationship of emergency contact to young person:

If your son/daughter is travelling in a group, who is the lead parent contact?

Name of lead parent:

Telephone number(s) of lead parent:

Medical Information

Does your son/daughter have any specific medical conditions requiring medical treatment and/or medication?

Yes please provide full details below

No

Does your son/daughter have any allergies?

Yes please provide full details below

No

Accommodation

I give consent for my son/daughter to be accommodated in the same room as other people who are part of their holiday party:

Yes If Yes, please provide names and ages below

No

Declarations

I, (name of parent/guardian) undertake to pay the required sums by the dates specified in the information and accept that in respect of any withdrawal from the trip, for whatever reason, there can be no refund of the whole or part of the payments.

I have read the Guidance for Accommodation Providers and agree that my child should abide by this whilst staying in this accommodation. I understand that a serious breach of this code may result in my child being sent home early at my expense.

I, (name of parent/guardian) being the parent/guardian of the above named child, hereby give permission for my child to be given immediate medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature:

Date: