



PARENTAL CONSENT

NAME:.....

VENUE:..... ACTIVITIES TO BE UNDERTAKEN...drama classes and public sharing...

DATE(S).....

SCHOOL:.....DATE OF BIRTH.....

HOME ADDRESS:.....

.....HOME TEL. NO.....

PARENTS' MOBILE TEL.NO.....

ALTERNATIVE ADDRESS & TELEPHONE NUMBER TO BE CONTACTED IN AN EMERGENCY:

.....

.....

Does your Son/Daughter require regular medical treatment for any illness or disability?

Please answer YES or NO.....

If YES, please give details.....

.....

Has your Son/Daughter received a Tetanus injection in the last 5 years Yes No
Does your Son/Daughter need any special dietary requirements (please state) Yes No

.....

NAME OF FAMILY DOCTOR:.....

ADDRESS:.....

.....

.....TEL.NO.....

We occasionally send photographs of activity groups to the press. If you do not wish for any photographs of your child to be used in any publicity please tick the box No

Having read the information sheet on the proposed course, I consider that the above-named pupil is physically capable of undertaking the activities described and I hereby agree to his/her taking part. Yes

I hereby consent to emergency medical, dental or surgical treatment, including the administration of an anaesthetic, which may be considered necessary for the above-named pupil (see note below).

SIGNED:.....(Parent/Guardian)

DATE:.....

NOTE:

Should emergency medical treatment be required, every effort will be made to contact the parent/guardian of the pupil.