



Consent form

1st September 2017- 31st August 2018

Administration only
Shark/Scorpion

PARENT/GUARDIAN DETAILS:

Name:.....

Address.....Postcode.....

Phone number.....Mobile phone number.....

E-mail address.....

1st Child's Name: _____ **Date of birth:** ___ / ___ / ___
Gender (optional) : Male / Female **Current school year:** _____
Address (if different from above): _____

Do you give permission for them to walk home alone? Sign if yes: _____
Any medical conditions or Allergies: _____

2nd Child's Name: _____ **Date of birth:** ___ / ___ / ___
Gender (optional) : Male / Female **Current school year:** _____
Address (if different from above): _____

Do you give permission for them to walk home alone? Sign if yes: _____
Any medical conditions or Allergies: _____

3rd Child's Name: _____ **Date of birth:** ___ / ___ / ___
Gender (optional) : Male / Female **Current school year:** _____
Address (if different from above): _____

Do you give permission for them to walk home alone? Sign if yes: _____
Any medical conditions or Allergies: _____

WE NEED YOUR PERMISSION:

- I give permission for you to contact me via email, post and text: Yes No
(Please see our Privacy Policy on our website for a description of how we store and use data.)
- We occasionally take photos/videos during Kidz Klub for advertising purposes, including online (NO NAMES WILL BE USED.) Do you give permission for this: Yes No

Sign:

Date:.....