



Site attended: -

\_\_\_\_\_

**Confidential Consent Form**

Child's Full name \_\_\_\_\_

Sex: Male/Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Year Group your child is in at school \_\_\_\_\_

Parents/Guardians Full name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency contact other than yourselves:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_

Doctor's surgery you attend in case of an emergency  
\_\_\_\_\_

Any allergies or medical conditions we need to know about? Yes/No  
If Yes, please give details \_\_\_\_\_

\_\_\_\_\_

P.T.O



So that we can best support your child, is your child in a S.E.N. Base or require any additional support at school? Yes/No  
If yes, please give further details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information that you think we need to know?

**I give permission for my child to be photographed** and/or videoed during M.A.D. and for these photo's to be used on promotional material/on our web page and on our **secure** Facebook page. I understand I have authority to see any such photographs and/or video recordings.

Signed \_\_\_\_\_

**I confirm that the above details are complete and correct to the best of my knowledge.**

In the unlikely event of illness or accident, I give **permission for any appropriate First Aid to be given** by the nominated First-Aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signature of parent/guardian:

Date:

\_\_\_\_\_