

Consent form



1st September 2018- 31st August 2019

PARENT/GUARDIAN DETAILS:

Name:.....
Address.....Postcode.....
Phone number.....Mobile phone number.....
E-mail address.....

<p>1st Child's Name: _____ Date of birth: ___ / ___ / ___ Gender (optional) : Male / Female Address (if different from above): _____ _____ Do you give permission for them to walk home alone? Sign if yes: _____ Any medical conditions or Allergies: _____ School _____ Current school year: _____</p>
<p>2nd Child's Name: _____ Date of birth: ___ / ___ / ___ Gender (optional) : Male / Female Address (if different from above): _____ _____ Do you give permission for them to walk home alone? Sign if yes: _____ Any medical conditions or Allergies: _____ School _____ Current school year: _____</p>
<p>3rd Child's Name: _____ Date of birth: ___ / ___ / ___ Gender (optional) : Male / Female Address (if different from above): _____ _____ Do you give permission for them to walk home alone? Sign if yes: _____ Any medical conditions or Allergies: _____ School _____ Current school year: _____</p>

Kidz Klub finishes at 7.15pm. It is the parents/guardians responsibility to make sure that they arrive to collect their child on time.

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:.....