

HILLOCKS PRIMARY SCHOOL

Out of School Hours Club Consent Form



CHOIR

Monday 3.20 - 4.20pm (1st & 8th December only)

Name of Pupil

Date of Birth

Address of Pupil

Name of parent/carers

Contact telephone numbers

If not available contact -
Name

Telephone no.

Address

Telephone number

Details of any conditions requiring medical treatment, including medication

Details of any special requirements (allergies, access needs, religious requirements)

I give permission for my child to participate in the after school club. I will inform the school of any changes to the details provided. I consent to any emergency treatment necessary during the course of the activities and authorise the staff in charge to give any consent required by the hospital authorities, should treatment be deemed necessary and provided that the delay required to obtain my signature would endanger my child's health and safety. I understand that pupils are expected to attend all sessions and to behave in an appropriate way. I understand that my child must be collected by another adult or myself at the end of the session. I will inform the school the school if my child is not attending for any reason.

I also give my consent to allow my child to participate in routine visits and journeys that the Choir may undertake during school session times. I understand that all such visits and journeys have been risk assessed, have been approved by the Headteacher, and follow the Local Education Authority's guidance.

Signed parent/carers _____ Date _____