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Brandon Road, Swaffham, PE37 7DZ



Parent/Carer Consent Form - Drama Club

Return to: **Mr. Hatfield**

Telephone: **01760 721480**

The Activity Leader will only share information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: **mixed**

Place of visit: **The Nicholas Hamond Academy**

To be completed by the Parent / Carer:

I am willing for my child: (Name)(Tutor)

To take part in drama club and the pantomime rehearsals and, having read the information provided, I agree to him/her taking part in the activities described.

I understand that my child will be expected to make all reasonable efforts to attend all scheduled rehearsals. Failure to do so may result in them losing their place in the show.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I agree to my child receiving mediation as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Emergency Contact Details: Name of parent(s) / carers(s):

(i): Telephone:

(ii): Telephone:

Signature of Parent / Carer: Date:

Medical Information:

Please tell us about any allergies, e.g medicines, food, bee stings etc

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Is the student currently taking any medication, if so please give details below

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Please provide any other information conditions which you feel might be useful in an emergency

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..... signed Parent/Carer date