

The Artroom

PARENTAL CONSENT FORM

We are so pleased that your son/daughter will be joining us at The Artroom. Please fill in this form so that we have all the information that we need to ensure your son/daughter is as safe as possible.

NAME OF CHILD:

Please PRINT

This section to be completed by the parent/guardian:

I agree to my child taking part in Art & Craft activities at The Artroom.

If there should be a need for emergency medical treatment I am aware parents/guardians will be urgently contacted, however, in the circumstances where they cannot be reached I agree to authorise members of staff from The Artroom to approve such dental, medical or surgical treatment for my child in an emergency, as is deemed necessary by the medical authorities present, including an anaesthetic or blood transfusion.

Date.....

Name of Parent/Guardian (Block Capitals).....

Signature of Parent/Guardian.....

Note: The medical profession takes the view that the parent's/career's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/career to a particular treatment has the right to do so. However, it can be a comfort to medical staff to have general consent in advance from parents/careers or to have a Leader on hand able to sign forms required by medical authorities.

We will securely store these details, as laid out in our data protection policy that can be found on our website. The information you give us will only be used to contact you should the need arise during the time your child is at The Artroom.

If you would like to be added on to The Artroom Mailing list to receive regular updates and information please tick here:



Name:

Age on 1st day of activity:

Date of Birth:

Contact email:

Address:

Tel No.:

Mobile No.:

Alternative contact details in case of emergency:

Doctor's name, address and telephone number:

Date of last tetanus injection, if known:

Special dietary requirements:

Allergies:

Any other information that would be useful for The Artroom to know (such as special educational needs)

Medication or Current Medical Conditions: (please indicate if your son/daughter has been in contact with any contagious or infectious diseases in the last four weeks)

For The Artroom use please do not fill this part in: