Prestonpans After School Club

Consent form

Child’s Name:

Date of Birth:

#### CONSENT TO TAKE PART IN REGULAR CLUB ACTIVITIES

As a regular part of your child’s involvement with the club, they may take part in a range of activities outwith the Club’s premises e.g. supervised swimming, walks, visits to local parks and may travel in minibuses or on public transport.

I agree that my child can take part in the regular programme of activities organised and supervised by staff at the club.

#### MEDICAL AUTHORISATION

In the event of illness or accident whilst in the care of the Club, I authorise you as a responsible member of staff to sign on my behalf any written form or consent required by the hospital authorities, if the delay required to obtain my signature is deemed inadvisable by the doctor concerned, in terms of administering any medical, surgical anaesthetic treatment to my child.

#### FACEPAINTING/ALLERGY

I agree that my child can have his/her face painted and has no allergic reactions to face paint to my knowledge.

#### DECLARATION

I undertake to inform the Club if my child has recently been in contact with any infectious diseases.

I have understood and completed the above sections and hereby give the relevant consent and authorisation for the period from the date of signing until my child ceases to use the Club, or until consent is withdrawn in writing.

#### PHOTOS

I do consent to photographs of my child being taken both inside and outside the after school club for display and publicity purposes only.

Parent/Carer Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_