Art Camp Consent form 2018

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| Name of Child/Children: |  |
| Date/s of Birth: |  |
| Parent Name: |  |
| Person/s to Drop-off/Collect Child:*(if different)* |  |
| Parent Address: |  |
| Emergency Contact Name/No 1: |  |
| Emergency Contact Name/No 2: |  |
| Home Tel No (if different): |  |
| Email: |  |
| Allergies/phobias/known reactions to art materials/Medication Details: |  |
| Does your child have any special needs (physical, learning or emotional)? |  |

Continued overleaf…..

*Please read each of the following statements and write* ***YES*** *or* ***NO*** *in each box.*

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| I agree to my child and/or their artwork being photographed or filmed for publicity purposes (e.g. Museum website, What’s On Brochure, Pinterest and other publicity media); Please note: Children’s names will not be used  |
| I consent to any emergency medical treatment necessary for my child/children during the workshop.  |
| If applicable, I agree that I will supply a letter of authorisation to administer non-emergency medication that I will supply for my child.  |
| I confirm that I, or a designated person, will accompany and sign in my child/children to the workshop and collect them promptly afterwards and sign them out.   |
| I confirm that I have read and agree to the terms and conditions supplied with my booking confirmation  |
| I confirm that my child is over the age of 5.   |
| **Print Name:** |
| **Signed (Parent/Guardian) – typed signature is acceptable:**  |