Art Camp consent form 2020

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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:** | ***All parents/carers - please see ‘Important Information for Parents’ re our request to exclude nuts from lunchboxes.*** |
| **Does your child have any special needs** *(physical, learning or emotional)?* |  |

| **Please read each of the following statements, and mark with a cross your chosen box.** *Please complete both pages.* | **Yes** | **No** |
| --- | --- | --- |
| I agree to my child and/or their artwork being photographed or filmed for the promotion of Holburne Museum activities (e.g. website, E-newsletter, annual reviews) *Please note: Children’s names will not be used* |  |  |
| I consent to any emergency or non-emergency medical treatment necessary for my child/children during the workshop.  |  |  |
| I am supplying my child with medication for *them* to take/administer themselves (*or see below*) |  |  |
| I am supplying my child with medication and agree to a member of the Holburne staff administering it as instructed by me in writing. |  |  |
| 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 *Important Information for Parents* supplied with my booking confirmation. |  |  |
| I confirm my child is over the age of 5. |  |  |
| I agree that the Holburne cannot take responsibility for my child on their journey to and from the Museum if they intend to arrive and leave unaccompanied by me. |  |  |
| Please can you tell us how you heard about the Art Camp? |  |

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| **Print name:**       |
| **Signed** *(Parent/Guardian) typed signature is acceptable:*      | **Date:**       |