



# Bedes' B 'n' T Club



ST.BEDE'S R.C.V.A  
PRIMARY SCHOOL

## Consent Form

Name of Child: \_\_\_\_\_ Year: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**Contact details of parents/carers:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work number: \_\_\_\_\_

**Names of everyone allowed to collect your child/children:** *(please ensure all contacts have the password)*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Password: \_\_\_\_\_

**1. Emergency Contact details if parents/carers cannot be contacted:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile: \_\_\_\_\_

**2. Emergency Contact details if parents/carers cannot be contacted:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile: \_\_\_\_\_

**3. Emergency Contact details if parents/carers cannot be contacted:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Medical Information**

Does your child suffer from any medical conditions? Yes  No

If yes please give details:

Details of medication and dosage:

I give my permission for a member of staff to administer the above medication where necessary:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name:

Family Doctor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address:

**Dietary requirements /Allergies**

Does your child have any allergies Yes  No

If yes please give details:

Does your child have any special dietary requirements? Yes  No

If yes please give details:

**Photographs**

On occasion we may take photos of the children enjoying the club. **Please indicate your preference below:**

May we use your image(s), or those of your child if under 18, in printed publicity or promotional literature produced by the school or club including leaflets, posters, newsletters and other display material? **YES / NO**

May we use your image(s), or those of your child if under 18, on our school website and other social media sites including Facebook and Twitter? **YES / NO**

I understand that websites and other online media can be seen throughout the world and not just in the United Kingdom, where UK law applies. **YES / NO**

We regularly send publicity material about our services, including photographs where appropriate to the news media, especially local press. Can we use your photograph, or your child's in this way? **YES / NO**

On occasions children at St Bede's may experience their lessons outside of school but in the locality of Bedlington. Can the school take your child on outings in the local area? **YES / NO**

I agree to inform the St Bede's Club staff as soon as possible of any changes in medication, allergies or circumstances as soon as possible.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_ Parent & Carer of: \_\_\_\_\_