

CoolitArt

Parental/Guardian's Consent Form:

Anything written on this form will be held in confidence. Our session leaders need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend Cool it Art Classes

Child's Full Name: _____

Address: _____

Home Telephone Number: _____

Age: _____

Date of Birth: _____

Gender: MALE/FEMALE

Name of attending adult if required: _____

Emergency Telephone Number: _____

If Unavailable contact:

Name: _____

Telephone Number: _____

Relationship to child: _____

Details of any known allergies/medical conditions you feel we should know about:

Any other special needs requirements, directions that would be helpful for the session leader to know about:

Is your child allowed to leave the premises on their own if attending the class on their own or do they need to be collected by a parent or guardian: COLLECTED/NOT COLLECTED

I will inform the session leaders of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that CoolitArt have developed a Safeguarding policy & they are committed to ensuring the safety of my child by having:

- **A Session Leaders code of conduct**
- **A photography policy**
- **An anti-bullying policy**
- **Fair disciplinary procedures (three strikes and out policy)**
- **Guidelines on confidentiality**

CoolitArt is committed to ensuring that any information gathered in relation to our Art Classes meets the specific responsibilities as set out in the Data Protection Act 1998

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in the activity.

Signature of Parent/Guardian: _____

Date: _____