

GREENWICH YOUTH & PLAY SERVICE / GREENWICH MURAL WORKSHOP
PARENTAL CONSENT FORM FOR RATHMORE MOSAIC COURSE

Full name of young person.....

Date of Birth Age.....

Full Address

.....

Phone(include all codes)

MOSAIC TECHNIQUES & PRODUCTION COURSE
At Rathmore Community Centre, Rathmore Road, Charlton SE7 7QE

18th August to: 29th August

Session 1: 10 a.m. to 1p.m..... Session 2: 2p.m. to 5p.m..... Both sessions.....

Please tick chosen sessions.

Travel to the Centre and lunch provision must be arranged by the parent or guardian.

I am willing for my childto attend the above Course and understand that while there he/she will be under the supervision of a youth worker and other adults approved by the Service, and that the staff in charge of the course will take all reasonable care of the young person.

I agree to my child using small tools and equipment associated with mosaic production under supervision, on the understanding that protective clothing will be provided.

I give my consent for my child to feature in photographs of the course to be used only in the context of a record of the course. Further permission will be sought for use in a subsequent publication or press release. **YES / NO**

MEDICAL INFORMATION

Does your daughter/son suffer from any medical conditions requiring medical treatment, or not, including medication? **YES / NO**

If yes, please give details

To the best of your knowledge, has your daughter/son been in contact with any contagious or infectious diseases or suffered from any in the last four weeks that may be or become contagious or infectious? **YES / NO**

If yes, please give details

Is your daughter/son allergic to any medications? **YES / NO**

If yes, please give details

Has your daughter/son received a TETANUS injection in the last five years? **YES / NO**

If at any point during the course at the centre/ my daughter/son requires urgent medical treatment, and provided that I cannot be contacted personally, I hereby give permission to the doctor, or surgeon, designated to make any decision that may prove necessary. I also give the worker in charge permission to administer any prescribed medication, as shown above.

Emergency address.....

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Emergency phone - Day Night



Full name of parent / guardian

Signature Date

