

Parent Consent Form for Aberdyfi Players

Name of Child	Date of Birth
Address	
	Post code
Parent/ Contact Name	Tel Number
	Work number
	Mobile
Other contact	

I give permission for my child to be photographed for display material Yes..... No.....

There will be an official video/DVD made of Aberdyfi Players shows . It is an understanding that any child taking part in Aberdyfi Shows does so with the understanding of parents/guardians that this will take place and thereby give their permission for their child to be filmed.

Please see the Aberdyfi Players policy on social media filming and photography this is on www.aberdyfiplayers.co.uk

Medical information

Does your child have any allergies or pre-existing medical condition that we need to be aware of?

Asthma	yes	no
Diabetes	yes	no
Epilepsy	yes	no
Fainting	yes	no
Other	yes	no

Any further information that we need?

Is it possible that your child require medication whilst under our care? If so give details.

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No Medicine will be administered without detailed signed instructions

Aberdyfi Players must be informed if your child has to be collected by someone other than yourself

Signed Parent of Guardian	Date
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