

# THE BULWELL ACADEMY

## Parental Consent Form

2021 - 2022



|  |               |
|--|---------------|
| <b>PLEASE COMPLETE AND RETURN THIS FORM TO :</b> | Mr Longbottom |
| <b>BY:</b>                                       | ASAP          |

|   |  |      |               |
|---|--|------|---------------|
| <b>STUDENT'S DETAILS (Capital letters please)</b> |  |      |               |
| Student Name                                      |  | Year | Date of Birth |

|                 |             |  |
|-----------------|-------------|--|
| <b>ACTIVITY</b> | Title       | Show Choir   |
|                 | Venue       | DG05 Music Room  |
|                 | Date & Time | Thursdays weekly in term time 3-3:45pm, commencing 7 October |

|                |  |                              |                             |
|----------------|--|------------------------------|-----------------------------|
| <b>CONSENT</b> | I consent to my child taking part in the activities outlined above and understand that a high standard of behaviour and responsibility will be expected at all times | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|----------------|--|------------------------------|-----------------------------|

|                      |   |                              |                             |
|----------------------|---|------------------------------|-----------------------------|
| <b>PHOTO CONSENT</b> | I / We consent to my son/daughter being filmed, and photographs being taken during this trip, and for photographs and films to be used by CET and The Bulwell Academy on social media channels. <b>This is in addition to previous photo consents given to The Bulwell Academy.</b> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|----------------------|---|------------------------------|-----------------------------|

|                            |  |                              |                             |
|----------------------------|--|------------------------------|-----------------------------|
| <b>MEDICAL INFORMATION</b> | Does your child have any medical issues/requirements of which staff need to be aware during this activity?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|                            | Is your child allergic to any medication, plasters, dressings etc?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|                            | If you have answered YES to any of the above, please give brief details below. This should include details of medication, special dietary needs or other medical information that relates to your child. |                              |                             |
|                            | <br>   |                              |                             |
|                            | Has your child received a tetanus injection in the last ten years?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|                            | <b>I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities</b>  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Doctor's Name              |  | Phone No.                    |                             |

|   |  |                         |  |
|---|--|-------------------------|--|
| <b>EMERGENCY CONTACT DETAILS</b>  |  |                         |  |
| In the event of an emergency, you will be contacted as soon as possible by the Academy. So that this can be done quickly, we require details of contacts <b>whilst your child is on this specific activity.</b> |  |                         |  |
| <b>Contact 1</b>  |  | <b>Contact 2</b>        |  |
| Name  |  | Name                    |  |
| Relationship to Student   |  | Relationship to Student |  |
| Mobile  |  | Mobile                  |  |
| Alternative No.   |  | Alternative No.         |  |

Parent / Carer Signature: ..... Date: .....