

CHOMP

After School Cooking Club

Parental Consent Form

Applicant's Details

Name: _____ Address: _____

D.O.B. _____

Postcode: _____

Parent or Guardian Contact Details

Name: _____ Phone: _____

Medical & Special Requirements

Has your child any medical needs that may require attention or medication? Yes / No

Does your child have any special dietary requirements? Yes / No

If you answered YES to either of the above questions please give us the full details on the back of this form

Has your child received a Tetanus injection within the last 10 years? Yes / No

Is there anything else you think that we should know about your child that may affect them during their time at lunch?

Please read the following statements:

- I give permission for any photos or videos taken of my child on behalf of Chomp! to be used in their publicity locally or nationally.
- I confirm that my child understands that he/she must comply with all safety regulations and the instructions of those in charge at all times
- I agree that my child will be under the control and care of the leaders.
- I understand that while all reasonable care will be taken, the leaders cannot be held responsible for any loss, damage or injury suffered by my child.

If you agree to the above statements and you give your permission for your child to attend Chomp! from 3pm to 5pm on Tuesdays during school term time please sign below.

Signature of Parent or Guardian _____ Date _____