

**PARENT CONSENT FORM FOR ALL4KIDS THEATRE WORKSHOP**

Name of Child..... Date of Birth.....

Address.....

..... Postcode.....

Parent/Contact Name ..... Tel No.....

Work No..... Mobile No.....

I give permission for my child to be taken into hospital and to receive medical treatment, as is necessary

Yes/No\*

I give permission for my child to be photographed for display material

Yes/No\*

*This permission is to cover the duration my child is with this camp*

**Medical Information**

Does your child have any allergies?

.....  
.....

Does your child have any medical problems?

Asthma Yes/No\*                      Epilepsy Yes/No\*

Diabetes Yes/No\*                      Fainting Yes/No\*

Other Yes/No\*

If yes please state .....

Are there any other medical conditions that you should make the all4kids staff aware of? Yes/No\*

Does your child require medication during their time at all4kids? Yes/No\*

If yes please give details

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**NO MEDICINE WILL ADMINISTERED WITHOUT SIGNED DETAILED INSTUCTIONS**

The workshop must be informed if your child has to be collected by someone other than yourself

Signed.....

Date.....

*Parent/Guardian*

\*Please delete as appropriate.