

The Kings School Transition Choir Parent Consent Form

Name of Pupil	
School	
Address	
Date of Birth	
Parents/Guardians Name	
Emergency Contact Numbers	1) 2)
Medical Conditions	

I give permission for my son/daughter to be photographed/filmed for educational purposes

(Please tick to show agreement)

As parent/guardian of _____

I have read, fully understood and am satisfied with the details supplied about the above mentioned activity and agree to my son/daughter taking part in it.

I know of no medical reason why he/she should not participate. I am aware that:-

(a) Normally, insurance arrangements are the same for pupils on the School site, as they are on School trips, i.e. that the Authority can only insure against the proven negligence of the Authority and/or its employees:

(b) The School has purchased a limited amount of personal accident cover for School trips.

Signed..... Date.....