

The Hollow Lane Club



SIBLINGS GROUP

CONSENT FORM

Name of Child:	
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		Parent / Carer's Signature
Photograph/Video	I give permission for my child to be photographed as part of the groups photo diary. If a photo is to be used for any other purpose, extra permission will be sought.	
Website Photographs	I give permission for my child's photograph to be used on The Hollow Lane Club's website.	
Outings	I give permission for my child to take part in activities when they are part of well supervised outings for which a written risk assessment has taken place.	
Swimming	I give permission for my child to take part in swimming sessions with their group either at the school pool or off site pools, in well supervised sessions for which a written risk assessment has taken place.	
Emergency Medical Treatment	I consent to any emergency medical treatment required by my child during the course of the Club's session.	
Foot Spa/Massage/Beauty sessions	For the girl's this will include nail painting, hair styling and make up and for the boy's, hair gel. I give permission for my child to be included in these sessions.	
Face Painting	I give permission for my child to be included in any face painting sessions.	