

Please state here **the name of the person paying for the classes** – this helps us match the payment with the application form:



**OH! DRAMA CLASSES CONSENT FORM**

*Please use capital letters to fill in this form and ensure that the writing is legible. It is very important for us to have accurate information in case of any emergency. A separate form is required for each child.*

**SEPTEMBER 2018 INTAKE**

The autumn term starts on 8<sup>th</sup> September 2018.

**SECTION 1 – Chosen group** (please tick as appropriate):

<input type="checkbox"/> <b>Act 1:</b> Age 5-7 years (09:00 – 10:00)	<input type="checkbox"/> <b>Act 2:</b> Age 5-7 years (10:15 – 11:15)	<input type="checkbox"/> <b>Act 3:</b> 8-11 years (11:30 – 12:30)
---	---	--

**SECTION 2 – Personal details:**

Child's first name:		Child's last name:	
Preferred name (if different):	Male/female:	Date of birth (DD/MM/YYYY):	Age on 8 <sup>th</sup> Sep 2018:
Home address:			
Post code:			

**SECTION 3 – Emergency contact details:**

<b>Primary emergency contact:</b>	<b>Secondary emergency contact (optional):</b>
First name:	First name:
Last name:	Last name:
Relationship to child:	Relationship to child:
Home number:	Home number:
Mobile number:	Mobile number:
Email:	Email:

**SECTION 4 – Health information:**

Name and telephone number of GP:	
Details of known conditions or allergies e.g. (asthma, diabetes, epilepsy) and any medications:	
List of any special requirements or provisions that may be needed for your child (e.g. wheelchair user, hearing impaired, mobility issues etc.):	

**SECTION 5 – Additional information:**

Please use this box to add any information you may feel useful for the staff:

**SECTION 6 – Authorisation**

Name(s) of authorised person(s) who will be collecting your child at the end of the session:

**SECTION 7 – Statement**

I will inform Jersey Opera House of any important changes to my child’s health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider.

During the time your child will spend with us, photographs/ video may be taken for general purposes and for this we need your permission. On signing this form I have given permission for my child’s photographs/video to be taken unless otherwise informed.

I understand that whilst the staff will ensure reasonable care, they cannot necessarily be held responsible for any loss, damage or injury suffered during or arising from the session.

I agree to drop off my child on time and pick up promptly, by the named guardian/s as stated above. I will advise if there are any changes to this arrangement.

My Child will arrive appropriately dressed for moving around and have sensible foot wear (trainers or plimsolls).

I understand my child will be expected to behave in an appropriate manner and I will be telephoned and asked to collect my child early if good behaviour is not adhered to.

I confirm that the above details are correct to the best of my knowledge and I agree to all the terms stated above.

Parent/Guardian’s name printed in full:	
Parent/Guardian’s signature:	Date:

**Jersey Opera House Privacy Statement**

Jersey Opera House is committed to protecting and respecting your privacy. Any personal data of yours that we handle is solely for our own use and will be processed in accordance with all applicable data protection laws currently in force. Your data will be retained for no longer than is necessary and in any event no longer than 6 years.