

School Club Name.....

Name of child Class

Emergency contact numbers

Relevant medical information

I would like my child to take part in above club and I confirm that I consider him/her fit to participate.

Please delete as appropriate:

I will be collecting my son/daughter at the end of the club.

I will not be collecting my son/daughter at the end of the club and give permission for them to walk home.

SignedParent/Guardian

THIS CONSENT FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE BEFORE YOUR CHILD CAN ATTEND A CLUB.

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