



Dear Parent/Guardian

As your son/daughter is attending the Imagine Art Club we are responsible for ensuring that young people participating in our activities do so with the consent of their parent/guardian.

Please fill and sign the form below.

Child`s name	
Date of Birth	
Name of Parent/Guardian	
Name of School	
Home address and postcode	
Parent/Guardian telephone number	
Second emergency telephone number	
Email address	
Are there any medical conditions we should be aware of such as allergies or asthma?	

CONSENT	Please tick
I give permission for my child being taken to hospital in the event of emergency	
I give permission for my child to take part in off-site workshops with qualified tutor	
I give permission for my child and their work to be photographed for marketing purposes	
I give permission for my child`s work to be exhibited	
I agree to Terms and Conditions 2014/15	

Signature.....

Date.....