

Mobile: 07810263938

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Carl Bradley LSDE PCertLAM

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Name of Student:

Date of Birth:

Gender M/F Identifies as.....

Home Address:

Parent/ Carers Name:

Parent/ Carers contact number/s:

Home:

Mobile:

Email:

Details of any specific health needs, disabilities, medication or allergies:

At times we may want to take photographs/ video of the sessions.

I give permission for photographs to be taken of my child.

☐

I do not give permission for photographs to be taken of my child.

☐

I give permission for videos to be taken of my child.

☐

I do not give permission for videos to be taken of my child.

☐

If you have given permission for photographs or videos to be taken please give permission as to how/where they can be used:

On the web: Yes/No

Newspapers Yes/No

Performances Yes/No

In the event of an emergency or accident I understand the fully qualified first aider will attempt to contact me, but if they cannot contact me immediately, they will give first aid attention and if required call a doctor/ Ambulance.

I also agree for my details to be kept on file for the period of time that the child is having lessons.

Signed (Parent/Carer)

Print Name(Parent/Carer)

Date