

THE FRENCH SPOT - PARENT CONSENT FORM

CHILD'S DETAILS

First name: Last name:

Date of birth:/...../.....

Address:

Medical condition - Please mention any allergies, past injuries, treatments that may affect your child in their activities at The French Spot:

.....
.....

PARENTS CONTACT INFORMATION in case of emergency

Contact #1

First name: Last name:

Phone number (number by importance):

Mobile Business Home

Contact #2

First name: Last name:

Phone number (number by importance):

Mobile Business Home

AUTHORISATION TO COLLECT in case of emergency (other than parents)

In case the parents of the child are not available, please list the people you authorise to collect the child in case of emergency. Only people listed on this form will be authorised to collect the child.

Contact #1

First name: Last name:

Relationship to the child:

Phone number (number by importance):

Mobile Business Home

Contact #2

First name: Last name:

Relationship to the child:

Phone number (number by importance):

Mobile Business Home

CONSENT

By ticking the boxes below, you agree to the following statements:

- 1. I give consent for my child (insert full name of child) to participate in the activities involved in the class I have enrolled them.
- 2. I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.
- 3. In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.
- 4. I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs).
- 5. I am aware that The French Spot is not responsible for my child safety when travelling from or to the school.
- 6. I will ensure that my child arrives on time and will inform The French Spot for any cancellation or delay.
- 7. I understand that The French Spot is not responsible for my child before or after the lesson.
- 8. I accept that The French Spot is not responsible for the theft, loss or damage of my child's belongings.
- 9. I will inform The French Spot about any changes to the details on this form.

Signature: **Name:** **Date:**/...../ 202...

The French Spot
54 Spring Street
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