



The Academy Annual Consent Form - Sept 2011 - July 2012

The Academy
Locks Heath Free Church
255 Hunts Pond Road
Titchfield Common
PO14 4PG

Contact: Claire Johnson
Telephone: 01489 579669

Name of Child:

(Block Capitals)

Home address: _____

Telephone: _____ Email: _____

Date of Birth: _____ School Year: _____

Parental Consent

I, _____ (parent/guardian) give my permission for my child to take part in the regular activities of The Academy. I also give my consent for my child to use the Recreation Ground adjacent to the church during the normal running times of The Academy. I understand that in the event of an illness or accident, every effort will be made to contact me, but if this is not possible, I authorize any member of The Academy team to sign on my behalf any written form of consent required by medical authorities.

Signature of Parent/Guardian _____ Date: _____

Occasionally activities/events will be photographed or videoed and displayed within the church or associated publications. No such information will be displayed on our website, or through any internet site before further permission is obtained.

I consent to photographs / videos of my child being taken - Yes / No

Emergency Contact Details:

Please give details of who to contact in the event of an emergency.

Person to contact: _____ Telephone: _____ Alternative: _____

Medical Details:

Doctor: _____ Telephone: _____

Specific Requirements, Medical Conditions or Special Needs of the Child:

In order to help us make sure your child has the best experience of The Academy, please let us have details of any special needs, specific requirements (e.g. diet, learning difficulties), medical conditions or allergies that your child has. Continue overleaf if needed. Thank you.