

LightZone Summer HAF – Consent Form 2024

Parent/Carer's name:	Child's Name:	DOB:
	Gender:	
Address:	Child's Name:	DOB:
Postcode:	Gender:	
Mobile:	Child's Name:	DOB:
E-mail:	Gender:	
Learning Support Needs:		Ethnicity
School:		
Does, your child/children receive free school meals? Yes / No HAF Code:		
Allergies/Medication:		
GP Name and Address:		GP Tel:
<p>I give consent for my child/children to take part in enrichment activities organised by Fusion Scape Ltd (Charity) to include:</p> <p>ArtTeach, Basketball, Dance, Drama, Gymnastics, Kickboxing, Music Tuition, Hair, and Beauty Workshops</p> <p>Venue: Osmaston Park Community Centre Moor Lane Derby DE24 9HY, Derby Arena Royal Way, Derby DE24 8JB and other suitable alternative venues in the community.</p>		
<p>I give permission for first aid treatment to be applied and my child to be seen by an appropriate medical staff as necessary. Yes / No</p> <p>Photographic and Video Consent for social media/Fusion Scape Website/report to funders Yes / No</p> <p>Permission to speak and be interviewed by the media about the project Yes / No</p> <p>Signature..... Date.....</p> <p><input type="radio"/> Yes, I would like to be contacted with information about other suitable activities for children and young people.</p> <p><input type="radio"/> No, I am not interested.</p>		