

DoorstepArts.co.uk

WE ALL MAKE THE STORY HAPPEN

1 st Name (Child)		Surname	
Date of Birth :			
Address :			
Postcode :			
Parent / Guardian Name			
Telephone :		Mobile :	
Email :			
Child's School & Year Group :			
Does your child suffer from any medical conditions?			
If YES, please give details, including any medication taken			
All students should be collected promptly. Please indicate if you give permission for your child to leave independently (only an option for ages 14+).			
<p>"I understand that whilst at a Doorstep Arts group, my child will be covered by Public Liability Insurance. However, I absolve the Doorstep Arts staff from liability resulting from any irresponsible action carried out by my child during their attendance. In the event of sickness or an accident requiring emergency hospital for my child, I authorise an employee of Doorstep Arts to sign, on my behalf, any written form of consent required by the hospital authorities, if the delay to obtain my signature is considered inadvisable by the doctor concerned. "</p>			
Parent / Guardian Signed		Dated	
<i>These details are for the use of Doorstep Arts only and will not be distributed elsewhere</i>			
<u>Doorstep Arts Website, Facebook, Photographs & DVDs</u>			
We sometimes use pictures/film of students taken during classes/workshops/shows for promotional use, including Facebook and on our website. Please sign below to confirm that you agree to us using such images.			
Doorstep Group		Day	
I give permission for you to use images of my child for promotional use including Facebook and on the Doorstep Arts website.	Signed.		
	Print name.	Date.	

Parent Permission Form & Indemnity Record for first-time participants (all groups)