Consent Form

Please read the safeguarding policy and complete this form before your child can participate in an activity.

Student Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____

_____ **Post Code:** _____

Contact Name & Telephone Number: _____

Emergency Name & Number: _____

Email Address: _____

Health Information (please include any medical conditions or allergies and treatment including Asthma e.g. inhaler with them at class and dosage to be taken if necessary)

Please give details below:

_____

_____

Dance Experience - Previous Dance Experience Examinations (if appropriate)

_____

Photography Consent

The dance school may take photographs/videos for promotional and documentary purposes. These images may appear in printed publications for advertising purposes and dance show programmes. Parents are asked to complete a consent form for the use of photographs and videos taken by the Dance School. We will not use photographs without consent. Parents are not allowed to take photographs on the dance premises of any children other than their own and are not permitted to use on social media without the consent of the parent/guardian of children involved.

To comply with the Data Protection Act and GDPR guidelines, your permission is required before we take any photographs or recordings. Please circle yes or no. **Yes / No**

I have read the safeguarding policy. (please tick) ☐

Parental Consent (to be signed for students under 18 years)

Name: _____

Signature:_____

(consent by parent/guardian) **Date:** _____