



**CONSENT FORM**

**CHILD'S NAME .....**

**SCHOOL ATTENDED .....SCHOOL YEAR .....**

**YOUR NAME .....**

**ADDRESS.....**

**.....**

**..... POST CODE.....**

**E-MAIL.....**

**TELEPHONE .....**

**MOBILE .....**

**I have read and understood the terms and conditions under which Montgomeryshire Youth Theatre operates and consent to the above named child taking part in all current and future MYT activities.**

**I am willing / not willing for images of my child to be used for publicity or promotional purposes**

**I am willing / not willing for my child's details to be held on the MYT database**

**SIGNED .....(PARENT/GUARDIAN)**

**DATED .....**



## **MEDICAL INFORMATION**

Please let us know if your child has any medical/dietary/physical or emotional needs that we should be made aware of. Failure to disclose any important information will limit our ability to take care of your child whilst they are our responsibility. In particular please let us know if any of the following applies:-

1. Does your child use an inhaler? If the answer is 'yes' then the inhaler must be sent to every MYT activity with your child.

YES

NO

Details .....

2. Does your child need to take medication whilst in our care? If the answer is 'yes' then the medication must be sent to every MYT activity with your child, along with comprehensive instructions as to its use.

YES

NO

Details .....

3. Does your child have any allergies? If so please give details of any food or substances that must be avoided. If your child needs to carry an EpiPen then please make sure this is handed over to the workshop leader at the beginning of every session, together with any details for its use.

YES

NO

Details .....