

**PARENTAL CONSENT AND MEDICAL FORM:
Oasis Academy Enfield Activities/After school clubs**

FORM OF CONSENT

FULL NAME OF STUDENT:		Learning Family include year :	
NAME OF AFTER SCHOOL CLUB WANTING TO ATTEND			
Payment attached and payment plan			
DATE OF BIRTH:			
ADDRESS:			
	Postcode:		
TELEPHONE NUMBERS (For emergency use only):	Day time:		
	Evening:		
MEDICAL INFORMATION			
N.H.S. Number:			
Family Doctor:			
Surgery Address			
ANY RELEVANT MEDICAL DETAILS AND ANY SPECIAL MEDICAL REQUIREMENTS (E.g. allergies, asthma, diabetes, epilepsy, fainting, medication or other treatment). If none, please state NONE:			
ANY OTHER INFORMATION WHICH YOU FEEL WE SHOULD KNOW (e.g. vegetarian diet):			
Do you give permission for your child to go outdoors beyond the Academy site for After School Club purposes i.e Photography club?			

I have read the details about the After School Clubs organised by and running at Oasis Academy Enfield and hereby give my consent to:

- (i) My Child participating in the activity described.
- (ii) The Academy, in the event that it is necessary, obtaining or rendering properly-qualified medical assistance to my Child.
- (iii) The Academy, where appropriate, administering the prescribed dose of any required medication, e.g. Paracetamol, travel-sickness tablets, as advised by a pharmacist.

I also acknowledge:

- (i) The need for obedience and responsible behaviour on my Child's part.
- (ii) In the event of serious misbehaviour before the activity, the Academy may refuse to have my Child on the activity. In the event of serious misbehaviour during the activity, the Academy has the right to exclude my Child from the remaining part of this activity. In either case the Group Leader's decision shall be final and I shall forfeit all monies paid in respect of the activity. I also understand that I may be requested to collect my Child from the Academy at my own expense in the case of serious misbehaviour.
- (ii) That any photographs or video film taken during the club must be solely for your individual family's use and must not be distributed more widely. Photographs may also be taken for publicity use by the Academy.
- (iii) That payments that have been made are not refundable unless for exceptional circumstances.

SIGNED: DATE:

PRINT NAME:

Signed by the person with legal responsibility for the young person

STUDENT SIGN DATE

FORMS TO BE RETURNED TO MS KALOPEDIS IN C15 PLEASE RETURN BY THURSDAY 3RD MARCH
