*Legacy Leaders*

*Consent Form*

# School:

# Name of Student:

Date of Birth:

Address:

E mail address:

Tel number:

Emergency contact number:

Photo Consent Yes / No

Arrangements for collection at the end of the session:

Any known medical condition or medication:

(NB if your child suffers from asthma please ensure that they bring their inhaler to the sessions)

Please indicate if you give us permission to carry out any emergency medical attention if required (tick appropriate box)

NO

YES

Signed: Date:

Parent/Guardian