



# CATRINE GAMES HALL TRUST CHILD CONSENT FORM

Catrine GH 05

Child Name

Date of Birth

School Class (24-25)

Name of Parent/Guardian

Phone Number

Email Address

Address

Name of Emergency Contact

Telephone No.

Is there any medical information that we should be aware of such as illnesses, allergies etc.

Please provide details of medical information if the answer to the above was YES:

### Declaration

YES/N  
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- I confirm that the person listed on this form does not suffer from any medical condition other than those listed above.
- I agree that child named in this form may be photographed for marketing purposes.
- The child named on this form has permission to leave the premises unaccompanied.

*(This only applies to children in P5-P7; children in classes P1-P4 must be picked up by someone aged 16yrs or over).*

Please list Tuck Shop items you do not wish to be sold to your child

Signature of Parent/Guardian

Date