

PERMISSION FORM

Lower School Concert Monday 1st July 2024

PLEASE RETURN TO MRS PAGE IN THE MUSIC DEPT. ASAP

Student's name: Form:

Parent/Carer emergency name and contact number:

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I hereby confirm that my child has permission to attend and participate in the above event.

***Please delete as appropriate:**

My child will **make their own way to the concert / I will make transport arrangements for my child to get to the concert***.

My child will **make their own way home / be collected*** at the end of the concert.

I **give/do not give*** permission for my child to receive emergency first aid/medical care by a doctor or hospital in the event of an accident.

I **give/do not give*** permission for my child to be filmed as part of the concert recording and for this to be shared via the school website/Vimeo.

If there is any medical information about your child which you feel we should know, e.g. allergies, medication needs, etc, please specify below or request a confidential medical form to complete:

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Signed: (Parent/Carer) Date:



Valuing everyone, Caring for each other, Achieving excellence