



St Marys' VA Primary School After School Club

Consent Form

I _____ Parent/Guardian of _____

Give permission for the staff of St Mary's Nercwys After School Club for the following:

(Please tick as appropriate)

- To administer first aid
- To seek emergency medical treatment
- To administer medicines with parents consent
(Parents must complete the medication form to allow staff to do this)
- To take photographs of my child/children for display purposes
- To take photographs of my child/children to appear in the media

Parent/Guardian signature _____ Date _____

ASC Staff signature _____ Date _____