



# LOCKYER'S MIDDLE SCHOOL

## SCHOOL CLUB CONSENT FORM (for after school clubs only)

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

I give permission for my child to participate in the following school club:

\_\_\_\_\_ (please insert name of club)

Member of staff running club \_\_\_\_\_ (please insert name)

on: MONDAY/TUESDAY/WEDNESDAY/THURSDAY/FRIDAY (please circle day)

- I understand that arrangements for the care, supervision and discipline will be in accordance with the normal policies and practice of the school. I agree to reinforce the need for my child to follow the school's code of behaviour.
- I agree to my child receiving emergency medical treatment if necessary. I understand that the teacher in charge will do their best to contact me prior to any such treatment.
- I accept that neither, the County Council, the school, nor their representatives can be held liable for any loss of personal effects or money.

**Under no circumstances will any medication be given to your child with the exception of prescription medicines which must be named with clear written instructions and be in the packaging as distributed from the pharmacist. Any arrangements must be agreed beforehand with the Teacher in Charge.**

Signed: \_\_\_\_\_ [Parent/Guardian]

Date: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

\_\_\_\_\_