



St Georges ASC
Child Consent Form

Medication

I, the Parent/Carer of(child's full name)
consent to the staff at The Anthony Roper Breakfast and After School clubs giving
PRESCRIBED (by the child's Doctor) medication to my child under the DIRECT
INSTRUCTION of myself, the Parent/Carer, whilst they are in attendance at the club(s).

Signature: Print name:

Date:

Emergency Services

I, the Parent/Carer of (child's full name)
consent to Emergency services being called by the staff at The Anthony Roper Breakfast and
After School Clubs in the event of a SERIOUS ACCIDENT OR MEDICAL EMERGENCY
occurring to my child.

Signature: Print name:

Date:

Photographs/Video

I agree/do not agree to my child being photographed/ videoed for use on the school website
or club display boards.

Signature: Print name:

Date:

Application of sun cream

I agree/do not agree to the application of sun cream to my child when necessary.

Signature: Print name:

Date: