

SOUNDWAVES Parental Consent Form

1. DETAILS OF ACTIVITY:

Soundwaves project on Mon 20 - Sat 25 July 2015, Tue 28-Fri 31 July 2015, Mon 17-Fri 21 August 2015, Fri 4-Sun 6 September 2015

I agree to my child (name)..... Date of Birth.....

Taking part in the above mentioned workshop and having read the information sheet agree to their participation in any or all of the activities described. I acknowledge the need for responsible behaviour on their part.

2. MEDICAL INFORMATION:

Does your child suffer from any conditions requiring medical treatment, including medication? If **YES**, please give details.

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To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious. If **YES**, please give details.

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Is your child allergic to any medication? If **YES**, please give details.

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Has your child received a tetanus injection in the last five years? **YES/NO**

Please outline any special dietary requirements of your child.

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I undertake to inform the Project Co-ordinator as soon as possible of any change in the medical circumstances between the date signed and the commencement of the workshop.

3. DECLARATION:

I agree to my child receiving emergency medical treatment, including anaesthetic as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance provided. I may be contacted by telephoning the following numbers:

Work **Home**

My home address is:

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If not available at above, please contact:

Name

Telephone Number

Address

Name, address and telephone number of family doctor:

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Signed **Date**

E-mail completed consent form to MusicEducation@DonegalETB.ie or post to DMEP, Regional Cultural Centre, Port Road, Letterkenny, Co.Donegal to arrive no later than 12noon on Friday 17 July 2015.