

PARENT CONSENT FORM 2012

For participation in French Lessons or an event at FRENCH MOMENTS in 2012

Parent/Guardian(s) must sign & date, and return the completed form to our office at FRENCH MOMENTS before the child can attend class
1 form per child



Child's Details

First Name: Surname:
Date of Birth: / /
School: Year at School:
Home Address:
NSW Suburb:



Parent/Guardian(s) Contact Details

Parent/Guardian #1 First Name and Surname:
Phone Number: (home) (mobile) (business)
Email:@.....

Parent/Guardian #2 First Name and Surname:
Phone Number: (home) (mobile) (business)
Email:@.....

Parents will be contacted first in the event of an emergency. Additional names can be listed in the section below.



Authority to collect/emergency details*

(*) OTHER THAN PARENTS.

Please list, in order of preference, persons (over 18) you wish us to call if you cannot be contacted in an emergency and who you authorise to collect your child from the Centre in the event that the parent/guardian(s) are unavailable to do so. Please ensure these persons are willing and able to collect your child in an emergency. The Centre Staff will not allow children to go with any person unless full details are written on this form.

First Name and Surname:
Relationship:
Phone Number: (home) (mobile) (business)
First Name and Surname:
Relationship:
Phone Number: (home) (mobile) (business)



Medical Information

Is your child on regular medication? (circle) Yes / No

Please give details regarding any illnesses, or injuries sustained by your child, and specific treatment administered that may be relevant to him/her learning at FRENCH MOMENTS:

.....

Does your child visit a specialist, e.g. Speech Therapist, or does he/she have trouble with elocution?

.....

We might occasionally offer sweets and/or snacks and beverages to our students.

If you prefer your child not to receive them, **tick here** .

Please write details of any allergies to ingredients:

Please note it is the parent/ guardian’s responsibility to notify FRENCH MOMENTS of any changes regarding medical information so that the child’s file can be kept up to date.



Authorisation

My son/daughter will be undertaking classes at FRENCH MOMENTS.

The classes will be held at: **FRENCH MOMENTS, Suite 6, Level 1, 685 Military Road, NSW 2088 Mosman**

The classes will be run on the dates and times established at the time of booking but are subject to change should a lesson be re-scheduled in accordance with FRENCH MOMENTS’ terms and conditions.

Please tick each statement below to show your consent which all relate to the safety of your child:

- I give permission for my son/daughter to attend the kids classes and workshops I have enrolled them in for 2012.
- I am aware that my son/daughter will not be supervised by FRENCH MOMENTS staff when travelling to and from the centre.
- I will make sure my child arrives for the scheduled lesson and notify FRENCH MOMENTS as per the Customer Terms and Conditions if they cannot attend. (Please note: if FRENCH MOMENTS has not heard from you and the child does not arrive for the scheduled lesson, the parent or guardian will be contacted 15 minutes after the lesson was due to start.)
- I understand that FRENCH MOMENTS is not responsible for my child after the lesson concludes at the arranged time. Please tick which option applies to your child below:
 - I would like the child to wait in the FRENCH MOMENTS centre until I or one of the designated people on this form collect them in person from the centre reception.
 - I am happy for the child to leave without anyone meeting them and I take full responsibility for them after they leave the FRENCH MOMENTS centre. (Please tick this box if they are to meet you in the car etc.)
- I am aware that no responsibility is accepted by the Manager and staff of FRENCH MOMENTS for the loss, theft or damage of personal property belonging to or in the possession of my son/daughter.
- I understand that I will be notified as soon as possible in the event of illness or accident to my child, but where it is not possible to communicate with me I authorise the staff of FRENCH MOMENTS to administer first aid to my son/daughter. If FRENCH MOMENTS deems necessary, an ambulance may be called which I understand will be at my cost. I consent to my son/daughter receiving such medical and surgical treatment (including the administration of an anaesthetic) as may be deemed necessary by a legally qualified medical practitioner. I accept full responsibility for the payment of all fees incurred should my son/daughter require medical treatment or ambulance transportation to a hospital.
- I have detailed on this form any known medical condition which may affect my son/daughter and any current or recent medication or treatment relating to my son/daughter that may be relevant. I agree to notify French Moments of any changes.
- I agree for FRENCH MOMENTS to take pictures of my child during the classes which can be published by French Moments.
- I will alert FRENCH MOMENTS if there are any changes to the details on this form or if I become aware of circumstances which may have a bearing on my son/daughter participating in activities at FRENCH MOMENTS.

Signed: Name: Date: / / 201...