



## In Harmony Consent Form 2019

**PLEASE RETURN THIS SLIP AS SOON AS POSSIBLE OR BRING IT TO YOUR FIRST SESSION**

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

Instrument: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Contact email: \_\_\_\_\_

*(by filling this in you agree to be contacted by In Harmony directly – we won't pass on your details to anyone else, and won't send you spam!)*

Telephone numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_

Home address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of family doctor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child wants to attend Monday lessons YES / NO

My child wants to attend Thursday Nucleo Orchestra YES / NO

I will collect my child / My child will walk home \*delete as applicable

Does your child suffer from epilepsy, diabetes or heart problems? YES / NO

Does your child suffer from asthma? YES / NO

Does your child have any conditions requiring medical treatment including medication? YES / NO

If yes please give details:

\_\_\_\_\_

I **agree / disagree\*** (delete not applicable) to my child having photographs/film taken for occasional publication and use on In Harmony social media (your child's name will not be used)

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