

I, _____ (*full name of parent*) have received notice of the **Dance Classes held in the Girton Dance Studio throughout the 2021 school year** and give permission for my son/daughter (*full name*) _____ of Year _____ to attend.

I agree for my school account to be billed at the commencement of each semester.

MEDICAL DETAILS

I understand that all due care will be taken and all due instructions given to my son/daughter for his/her safety, in accordance with the usual and normal procedures of the School. In the event of my child being ill or injured during the program I give approval for the assistance of a Doctor of Medicine to be engaged for which I will accept payment of costs. I further grant approval for action to be taken by the Doctor or Doctors looking after my child, should they consider it necessary.

Please list here any special conditions of a medical nature, INCLUDING ASTHMA, EPILEPSY, DIABETES and ALLERGIES AND THE DESIRED TREATMENT which should be noted:

PARENT(S) NAME: _____

CONTACT PHONE: _____

PARENT SIGNATURE: _____

ALTERNATIVE PHONE: _____

PARENT ADDRESS: _____

PARENT EMAIL ADDRESS: _____

STUDENT EMAIL ADDRESS (SENIOR SCHOOL): _____