

Permission to take part in after school activities

I should like my child in Room to join Club.

I will arrange collection of my child from school at the end of each session.

My child does not suffer from any condition requiring regular treatment*

My child suffers from requiring regular treatment as described in the attached letter*

(*Please delete as appropriate) I consent to any first aid treatment that may be necessary.

All children with asthma must have their inhaler with them for each session.

Date: Signature of Parent/Guardian



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