



Cast(s) Name/s .....

Parent/Guardian's Name .....

Address .....

Postcode .....

Telephone Number .....

(i) I am the parent/legal guardian of the cast(s) member named above and I give permission for my child(ren) to be photographed or videotaped whilst in the care of the organisation named above for the following purposes:

Principal Auditions, Show Photo Albums, Displays
Show Video, Newspaper Articles & Website Media

For Child Protection reasons, student's full names will not be publicised unless agreed prior to publication.

However, if you are happy for their full names to appear in publicity articles:

Please tick this box

(ii) In case of accident or medical emergency, I consent to any necessary medical treatment by a qualified first aider.

Please tick this box

(iii) Please annotate below if the cast member suffers from, or has suffered from any: Physical Health Issues, Mental Health Issues, or Learning Difficulties.

We also ask that you list any medication that the individual is currently prescribed, and any allergies that we should be made aware of.

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Signed .....

Print Name .....
Parent/Guardian