



Royal Shakespeare Company Associate Schools

Saturday 11th May 2019

Please return to school by Wednesday 1st May

Child's Name:.....Class:.....

(Please delete where appropriate)

I/We give permission for our child to take part in the RSC Associate schools performance at Captain's Close on Saturday 11th May 2019.

I/We DO NOT give permission for our child to take part in the RSC Associate schools performance at Captain's Close on Saturday 11th May 2019.

I/We understand that by giving permission for my child to take part, I am committing to my child attending throughout the day on Saturday 11th May, including the rehearsal and performance.

I/We understand this event will be photographed / filmed and may be used for promotion/reporting purposes, both in printed press and on line (no individual names will be used) and **give permission** for images of my child to be used for these purposes.

I/We understand that I will need to make arrangements for my child to be taken to **and** collected from Captains Close Primary School on Saturday 11th May.

Emergency Contact Information

The person collecting my child from Captains Close Primary School will be:

Name:Relationship to child:.....

I agree that, should the above information change, I will contact the school prior to the date to Mr Simpson on 07542 195903 on the day of the event to advise of the changes.

In case of emergency please contact me on this number

Medical Information

Has your child got any medical conditions we need to be aware of?

Does your child use an inhaler? Yes No. (If so, please insure that they carry their own inhaler.)

Signed (parental responsibility) Date