

Additional Information

Name of Brothers, Sisters, Pets:	
Any other relevant information:	
Consent for Photographs/Videos: I give permission for my child to be photographed/videoed with the playgroup: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Consent for Appropriate Medical Treatment: I give permission for my child to receive appropriate medical treatment in the event of an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed:	Date: