



Parental/Guardian Consent Form

Name of Child:	
Date of Birth:	
Name of Parent/ Guardian	
Address:	
Postcode:	
Mobile:	
Telephone:	
Email:	
Does your child suffer from any medical conditions/allergies that the program should be aware of (including any current medication)	
Please provide details of medication that must be administered	
Emergency Contact Details (if different from above)	
Name	
Relationship to child	
Contact number:	



CONSENT (please read carefully)

Summer Teen and Summer Teen with Accommodation

- a) I agree to my child taking part in the activities of the program
- b) I confirm that to the best of my knowledge, that my child does not suffer from any medical conditions other than those listed above.
- c) I consent to my child traveling by any form of public transport, minibus or motor vehicle organised by Central Film School to any event in which the program is participating.
- d) I understand that the Central Film School activities include photography and film components in which my child will be photographed and/or filmed during activities. I understand that these images will be used in printed and electronic promotional communications, including on the Central Film School Website.

Summer Teen With Accommodation (only)

- e) I consent to my child residing at a supervised residence provided by Central Film School through the entire duration of the Summer Teen with Accommodation Package.

Signature of Parent/Guardian

Date