



Parental Consent for Attending Earlham Primary School Club

CHILD'S NAME _____ CLASS _____

PARENT/CARER'S NAME _____

PARENT/CARER'S TEL NO _____

PARENT/CARER'S ADDRESS _____

I would like my child to take part in _____ club.

I will collect my child at 4.30 p.m. []

My child is able to walk home independently []

I give consent for the school to take photographs of my child taking part in club activities, for school only []



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