

**OAKWOOD PRIMARY ACADEMY**

**CONSENT SLIP FOR AFTER SCHOOL CLUBS April- May 2019**

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

**After School Clubs**

I would like my child to attend the following after school club(s):

Roots & Shoots (Tuesdays) FREE

.....

Parent/Carer's contact details in case of an emergency

Home..... Mobile.....

Other.....

Please state any medical conditions or food allergies or intolerances, etc, your child may have

.....  
.....

**My child will be collected promptly by myself or an authorised person**

**My child can walk home unaccompanied**

Signed: ..... Parent/Carer Date: .....

Please print name: .....

**Note: If you do not hear otherwise from the school, please assume that your child has a place in Roots and Shoots. We will inform you directly if the club is full and they have not been successful.**