

**OAKWOOD PRIMARY ACADEMY**

**CONSENT SLIP FOR AFTER SCHOOL CLUBS**

CHILD'S NAME..... Class .....

**After School Clubs**

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

.....  
.....  
.....  
.....

**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**

**Enclose the appropriate fees for sessions**

**(Charges vary – please see timetable)**

**amount enclosed - £**

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

Please print name.....