



Dear Parent/Carer,

### **After School Dance Club**

Inverclyde Active Schools/Sports Development team is delighted to offer pupils at Clydeview Academy the opportunity to participate in Dance.

The club will take place on **Monday's from 3:45-4:45pm.**

The sessions will be held indoors therefore appropriate clothing and footwear should be worn. It would be advisable to have a filled water bottle at the session.

If your child would like to take part please return the attached consent form to the PE department.

If you have any questions please do not hesitate to contact me on 01475 715316, 07552210700 or email [Mhairi.Lyle@inverclyde.gov.uk](mailto:Mhairi.Lyle@inverclyde.gov.uk)

Yours sincerely,

Mhairi Lyle

Active Schools Coordinator



This consent form allows your child to participate in an Active Schools after school Dance Club.

**PARENTAL CONSENT FORM FOR PHYSICAL ACTIVITY**

**Pupil Information**

<b>Pupil Name:</b>	
<b>School Name:</b>	
<b>D.O.B /school year:</b>	
<b>Home Address:</b>	
<b>Daytime Tel No:</b>	
<b>Email:</b>	

**Medical Information**

(Please Note: This information is required in the event that your child requires medical attention or to be admitted to hospital)

Please Tick Box

1.	Does your child suffer from any conditions requiring medical treatment/ medication (including asthma)?	<b>YES</b>	<b>NO</b>	
	If yes, please give details:			
2.	To the best of your knowledge, has your child been in contact with contagious or infectious diseases or suffered from anything in the last 4 weeks that may become contagious or infectious?	<b>YES</b>	<b>NO</b>	
	If yes, please give details:			
3.	Is your child allergic to any medication or food?	<b>YES</b>	<b>NO</b>	
	If yes, please give details:			
4.	Has your child received a tetanus injection in the last 5 years?	<b>YES</b>	<b>NO</b>	

**Emergency Contact Information**

(Please complete both)

<b>Name of Contact 1:</b>	
<b>Telephone No:</b>	
<b>Mobile No:</b>	
<b>Home Address:</b>	

<b>Name of Contact 2:</b>	
<b>Telephone No:</b>	

<b>Family Doctor:</b>	
<b>Telephone No:</b>	
<b>Surgery Address:</b>	

Could you please let us know how your child will be travelling home after the session (please tick)

Will walk home themselves	
Will be collected by parent/guardian	
Will sometimes be collected or walk themselves	

**Volunteering**

If you are interested in helping out at this session could you please tick the box provided.

**Parent/Guardian Declaration**

I agree to my child taking part in the activity described in the attached document and, acknowledge that there are inherent risks involved. I acknowledge the need for obedience and responsible behaviour on my child's part to minimise those risks.

I undertake to inform the activity leader as soon as possible of any changes in the medical circumstances between the date on which the form is signed and the date on which the activity ends.

I agree to my child receiving emergency treatment including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided (please contact us if you require a copy of insurance policy).

Name (BLOCK CAPITALS): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Photographs and/or video footage may be taken in connection with the activities planned and may be published in newspapers, publicity material or on a website.

Please tick this box if you **do not** want your child to be photographed for the purposes described above:

Please note, ticking this box will not result in your child being excluded in any activities.

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**For more information contact**  
**Mhairi Lyle**  
**07552210700**  
**Mhairi.Lyle@inverclyde.gov.uk**

**NOTE: RETURN CONSENT FORM TO PE DEPARTMENT**