

THE BIZ THEATRE SCHOOL

<p>PERSONAL DETAILS-</p> <p>NAME OF YOUNG PERSON-</p> <p>.....</p> <p>DATE OF BIRTH-</p> <p>ADDRESS-</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>POST CODE-</p>	<p>EMERGENCY CONTACT DETAILS-</p> <p>1ST CONTACT-</p> <p>NAME-</p> <p>TEL-</p> <p>MOBILE-</p> <p>2ND CONTACT-</p> <p>NAME-</p> <p>TEL-</p> <p>MOBILE-</p>
<p>MEDICAL INFORMATION-</p> <p>DOES THE YOUNG PERSON NAMED ABOVE CURRENTLY TAKE ANY PRESCRIPTION MEDICATION OR HAVE ANY MEDICAL CONDITIONS THAT MAY AFFECT THEM IN SESSION? EG ASTHMA?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>DISABILITY-</p> <p>UNDER THE DISABILITY DISCRIMINATION ACT 1995, A PERSON CONSIDERED TO HAVE A DISABILITY, PHYSICAL OR MENTAL IMPAREMENT THAT HAS A SUBSTANCIAL OR LONG TERM EFFECT ON THEIR ABILITY TO CARRY OUT DAY TO DAY ACTIVITIES. DO YOU FEEL THE YOUNG PERSON ABOVE MEET THE DEFINITON OF DISABLITY? YES/ NO – IF YES PLEASE GIVE DETAILS</p> <p>.....</p> <p>.....</p>
<p>PARENT/CARER CONSENT-</p> <p>I GIVE MY PERMISSION TO ALLOW THE NAMED YOUNG PERSON TO PARTICIAPTE IN BIZ SESSIONS. THIS INCLUDES THE TAKING OF PHOTGRAPHS AND VIDEOS TO BE USED ON OUR WEBSITE, PUBLICATIONS, SOCIAL MEDIA AND PRESS. I ALSO AGREE FOR THEIR NAME TO BE PRINTED IN THE CAPTION. THEIR NAME AND PHOTO WILL NOT BE USED TOGETHER UNLESS FOR REASONS TO AID THE STUDENTS SUCH AS SHOW PROGRAM, AWARDS LETTERS...</p> <p>SIGNED-</p> <p>DATE-</p>	
<p>EMAIL ADDRESS-</p> <p>FOR ALL NEWLETTERS, INFORMATION TO BE SENT TO</p> <p>1-</p> <p>2-</p>	

TO BE COMPLETED BY PARENT/CARER

OFFICE USE ONLY- CLASS -