



PTA EVENT CONSENT FORM

Name of Event

Date of Event

Name of Child

Class

Parent Contact E-mail

Contact Phone

***Film Club will show movies certificate PG or less, please tick the box to give parental consent if children attending are under 8 years of age**

Allergies or medical conditions we need to be aware of

Name of person collecting from school if not parent

Total Payment Enclosed (Please make cheques payable to FOGS)

£

Signed

Date