

## PARENT / CAREGIVER PERMISSION

Name/s of child/ren

I give permission for my child/ren to use the sunscreen provided by WCST while at the Kids Club school holiday programme. If required, I give staff permission to assist my child/ren to apply sunscreen to exposed skin. **YES / NO**

My child **does/does not** have any known allergies to sunscreen

Name

Signature

Date

I give permission for photographs of my child/ren to be shared on our Facebook page and/or Website. **YES/NO**

Name

Signature

Date

I give permission for my child/ren to attend trips as organized by WCST Kids Club either on foot in Whangamata or travelling by van to further destinations. **YES/NO**

My child **does/does not** require a carseat (Must be provided on the day of excursion)

Name

Signature

Date

I give permission for my child/ren to swim in the Whangamata Community Pool, supervised by WCST Kids Club staff **YES/NO**

Name

Signature

Date

