

MEDICAL PERMISSION FORM

I _____ (Parent/Guardian) do/do not give the Sligo Academy of Music permission to carry out any initial minor First Aid action deemed necessary, before contacting me, for my child _____ in the event of an accident.

Signed: _____ Date _____

Medical History/relevant information:

Allergies: _____

Please note that the Sligo Academy of Music is not responsible for your child/children outside of lesson time.

GDPR

The data provided on our registration and medical permission forms will be used for the purposes of organizing SAM classes. Your contact information can be used by the SAM office and class tutor to contact you with any important information regarding your musical education. All forms will be shredded confidentially after course completion in line with GDPR.

Signed : _____

Date: _____