



## **RHA Kids - Parent/ Guardian Consent Form**

### **Workshop Details**

Workshop Title:

Date:

### **Participant Details**

First name:

Surname:

Date of Birth:

### **Parent/ Guardian Details**

First name:

Surname:

Email:

Contact number (during time of workshop):

Secondary Emergency Contact (Name and Contact number):

Name and contact details of person who is to collect child/ young person from workshop (if this is not you):

Please provide information of any medical conditions, allergies or special needs/ learning requirements your child may have that we should be aware of:

I give consent for photographs of my child to be taken during this workshop (to be used for promotion/online etc.) Yes No (Please circle the appropriate answer)

I give consent for my child to participate in the workshop, as outlined above, at the RHA Gallery. Yes No (Please circle the appropriate answer)

Print name:

Signature:

Date:

Please return completed form to: Front of House, RHA Gallery, 15 Ely Place, Dublin 2 Tel: 01 661 2558, [ciara@rhagallery.ie](mailto:ciara@rhagallery.ie)