

# Parental Consent Form

Anything written on this form will be held in confidence.

Please contact Martina if you have any concerns about your child before booking a place.

Child's name: \_\_\_\_\_

Year if in school: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

(Where I can be contacted)

Name of GP \_\_\_\_\_ Phone \_\_\_\_\_

Details of any known conditions, allergies (e.g. asthma, diabetes, epilepsy) and any medications being taken or details of anxiety, depression or other challenges which may help to determine whether or not this environment is suitable for your child to attend.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other special needs, requirements or directions that would be helpful to know about:

\_\_\_\_\_  
\_\_\_\_\_

I will inform the facilitator over the weeks of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

I confirm that the above details are correct to the best of my knowledge.

I have read this form and I give permission for my child to attend for a 4 week foundation course in compassion- based mindfulness with Martina Coyne.

Signature of Parent/Guardian:

\_\_\_\_\_

Signature of child:

\_\_\_\_\_

Date: \_\_\_\_\_