

Bowen Chinese School Consent Form

Today's Date	/ /	Girl <input type="checkbox"/> Boy <input type="checkbox"/> Undisclosed <input type="checkbox"/>
Name of Child		
Age		Date of birth / /
Address		
Postcode		School Attend
Emergency Tel number		
Email address		

We'd love to keep you posted about Bowen Education upcoming activities and exciting events as well as special offers. To keep in the know via email please tick here.

You will be able to withdraw your consent at any time via email. Bowen Education's privacy policy is available on our website

Does the child have any medical condition, allergies or disability that we need to be aware of: No Yes

If yes please give details:

Do you have any dietary requirements, for example Halal, Kosher, vegan, vegetarian, lactose intolerant, etc?

Please give details

Information for Parent / Guardian

- Bowen's staff the organisers of the activities are not allowed and cannot be responsible for the administering of prescribed medication.
- All attending children must remain in their allocated bubble for the duration of the activity each day. Bowen's staff will make all children aware of which bubble they are in on arrival. Bubbles will not be interchangeable.
- All adults and children must not attend sessions for any purpose if displaying symptoms of COVID-19, if they have tested positive or have been instructed to self-isolate.
- All adults and children must adhere to social distancing on site during drop-off/pick-up periods. Single direction flow must be followed where applicable.
- All items of clothing, jewellery, mobile phones etc remain the sole responsibility of the owner, Bowen's staff are under instruction 'not to be responsible for the safekeeping of any such items'.
- Bowen will take photographs of children attending the activities and use these photographs in Marketing and Social media activity for Bowen Education.

I sign below to confirm I have read and understood the above information and I give my consent that my child is allowed to take part in activities.

Signature of Parent / Guardian	
Name of Parent / Guardian	
Tel number Parent / Guardian	

Please note: If this form is completed off site, we will phone the parent / guardian for confirmation that consent is given.

Office use only:

Was the form completed on site Yes No *If No a confirmation call must be made*

Confirmation call made by: Staff name

Date call made

Time call made



BOWEN EDUCATION
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