

KKDA

KKDA PODCAST PERMISSION FORM

This information is kept confidential and is solely for use by Krystal Kaye Designs

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PARENT PERMISSION SLIP FOR KKDA PODCAST

Name of Student: (Please Print) _____

Name of Parent/Guardian: (Please Print) _____

Address: _____ Phone: _____

I, _____, parent or guardian of the above-named student, I give my permission for my child to participate in the field trip described as follows:

Please indicate below:

[Yes] [No] I give permission for photographs and video footage to be taken of my child during the Krystal Kaye Designs Academy Podcast to be used for promotional purposes.

[Yes] [No] Facebook promotion

[Yes] [No] Instagram promotion

[Yes] [No] LinkedIn promotion

[Yes] [No] Tiktok promotion

[Yes] [No] Youtube promotion

[Yes] [No] Krystal Kaye Designs Website for KKDA PODCAST and photograph promotion

[Yes] [No] Print media e.g. KKDA newsletters

Medical Information and Release

The following special health problems concerning my child should be noted – if none, please tick "none".

Heart condition Allergy (specify below whether food, bee sting, etc.)

Asthma Hemophilia Diabetes Other None

Please describe or indicate any other medical conditions or medication procedures if not indicated above:

In the event of a medical emergency, I hereby authorise the teacher(s) attending to my student on the trip to secure medical attention or hospitalisation for my child.

Parent/Guardian contact numbers: (home): _____ (work): _____

Alternative emergency contact: _____ Relationship to child: _____

I understand that Krystal Kaye Designs/KKDA does not provide medical insurance for my child, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that is not covered by insurance.

I have read the information, verifying its accuracy, and agree to the statements made above:

Parent/Guardian Signature

Date