

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