



**Royal  
Hibernian  
Academy**

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

### **Workshop Details**

**Workshop Title:** 'Making Sense: A workshop that explores our senses through materials'

**Date:** 9 March 2019

**Facilitator:** Ali Kirby

### **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:** RHA Gallery, 15 Ely Place, Dublin 2 Tel: 01 661 2558, [engagement@rhagallery.ie](mailto:engagement@rhagallery.ie)