# Caesar Joey's School

WHERE ART MEETS CULTURE

Full Name _____ Date _____

Address _____ Contact Phone _____

Email Address _____

- Is this your first outing with the school? **Yes** **No**
- Have you ever experienced allergic reaction or irritation from any type of outside food? **Yes** **No**

  *if yes, please specify* _____

  _____
- Do you take part in any hands-on hobbies or sports activities? **Yes** **No**

  *if yes, please specify* _____

  _____

**Please check any of the following medical condition**

- ☐ Allergies
- ☐ Diabetes
- ☐ Skin Irritation
- ☐ Skin Inflammation
- ☐ Arthritis
- ☐ Blood Born Disease
- ☐ Broken Skin
- ☐ Hemophilia
- ☐ Recent Surgery
- ☐ Swelling
- ☐ Athletes foot
- ☐ Calluses
- ☐ Nail Infection
- ☐ Corns

**School Activities For Consent**

- ☐ Trekking
- ☐ Sports Biking
- ☐ Mud Race
- ☐ Outdoor Games
- ☐ Swimming
- ☐ Horse Riding
- ☐ Football
- ☐ Basketball

***I, [Parent/Guardian's Name], give permission for my child, [Student's Name], to participate in the above-mentioned school activity on [date] at [time]. I understand that all reasonable precautions will be taken to ensure the safety and well-being of my child during this activity.***

_____ _____

**Parent/Guardian's Signature** **Student's Signature**