

Youth Sewing Lessons: Emergency Contact & Consent Form

1. Student Information

- **Full Name:** _____
- **Date of Birth:** _____ **Age:** _____
- **Any known allergies:**

2. Primary Emergency Contacts

Please provide two contacts who can be reached during class hours.

Contact 1 (Parent / Legal Guardian)

- **Full Name:** _____
- **Relationship to Child:** _____
- **Primary Phone:** _____
- **Alternative Phone:** _____

Contact 2 (Secondary / Alternative Contact)

- **Full Name:** _____
- **Relationship to Child:** _____
- **Primary Phone:** _____
- **Alternative Phone:** _____

3. Studio Safety & Liability Acknowledgement

Please read and initial each section below to confirm your understanding.

- **[____] Sharp Tools & Machinery:** I understand that my child will use electric sewing machines, fabric shears, hand-sewing needles, and straight pins. Studio safety rules will be taught, but minor accidents (like minor pinpricks) can occur.

- **[____] First Aid Consent:** I authorize the studio staff to administer basic first aid (e.g. plasters, antiseptic wipes, etc) for minor cuts or scratches sustained during class.
- **[____] Emergency Medical Treatment:** In the event of a major medical emergency, I authorize studio staff to contact emergency services. I give permission for medical professionals to administer necessary urgent treatment if I cannot be reached immediately.

4. Photo & Media Release (Optional)

We love celebrating our students' creativity! Please indicate your preference regarding photos and videos of your child and their sewing projects.

- **[] YES, I grant permission** for the studio to take photographs and/or videos of my child and their work during lessons. These materials may be used for promotional purposes, including the studio website, social media pages, and printed brochures. I understand that my child's full name will never be published alongside their photo without separate, explicit consent.
- **[] NO, I do not grant permission** for photographs or videos of my child to be taken or used for promotional purposes. (Photos of their completed projects may still be taken from the neck down, ensuring their face is completely hidden).

5. Signature & Authorisation

- **Parent/Guardian Print Name:** _____
- **Parent/Guardian Signature:** _____
- **Date:** _____