## CREATIVE CRITTERS MINDFUL WORKSHOPS CONSENT FORM

I give permission for my child/children listed below to attend the Creative Critters Mindful Workshop on:

Workshop Date:	•••••
Children Attending:	
working on activities, Juizbeggy Creations of Lagree to collect my risk to self or others.  My child has a medic details below.	child/children if their behaviour is posing as a safety
••••••	••••••••••••••••••••••••
Parent/Guardian Name:	•••••
Parent/Guardian Signature:	
Date:	•••••
Contact Number:	•••••

Contact Number: 0411518421 Email: arttherapy@juizbeggy.com.au