## Cymdeithas Gwenynen Gwent Lady Llanover Society "Dwylo ar y Delyn" / "Hands on Harp" Dydd Llun 5ed Mai 2025 / Monday 5th May 2025

## Ffurflen gydsynio / Consent Form

Child's name:	Child's Date of Birth:	
Name of Parent/Guardian:		
Address:		
Telephone number:		
Contact in case of emergency:		
Second contact in case of emergency:	;	
Special needs, including allergies and medication:		
Lady Llanover Society at the Llanfoist	e child to take part in "Hands on Harp" day organ Village Hall, Abergavenny, 5th May 2025 ntactable, I am willing for my child to receive ned	•
hospital or dental treatment including	_ ·	Jeoduly
YES /	NO (Delete as appropriate)	
I am willing for my child to appear in p by the Lady Llanover Society	hotographs/videos taken of the event to be used	d responsibly
YES /	NO (Delete as appropriate)	
My child is allowed to return home una	accompanied.	
YES /	NO (Delete as appropriate)	
Signed:	Date:	
Parent/Guardian		