

Attached to this form is information regarding an activity. If you wish your child to join in the activity, complete and sign the form returning the top copy as indicated in the information.

School:	
Pupil's name:	Date of Birth:
Home address:	
Tel.no. inc. std.code:	NHS number:
How could you be contacted in an emergency?	
Is your child receiving medical treatment at present? If so please give details:	
Please give details of any medical conditions that might affect your child's performance or safety on this activity:	
Please give your family doctor's name and address:	
Please add any further information on a separate sheet as necessary.	

<p>Statement</p> <p>I acknowledge receipt of the information regarding the proposed activity</p> <p>to</p> <p>on</p> <p>and consent to my child, named above, participating.</p> <p>I agree to staff on the activity giving permission for my child to have any medical treatment that the medical authorities think necessary. I undertake to inform the school of any changes in my child's fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed.</p> <p>Signed: Date:</p> <p>Please indicate relationship to child:</p>

Please return the completed form to: Mrs Dean, Student Reception, The Brakenhale School