

YEAR 10 TASTERS 2017

13th July (East Campus) & 14th July (Central Campus)

PARENTAL CONSENT FOR A CITY COLLEGE VISIT

School: _____

Preferred Taster Subject/s _____

I agree to _____ (student name)

participation in the activities described and acknowledge the need for them to behave responsibly.

Medical information about your child

a. Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

b. Is your son/daughter allergic to any medication? YES/NO

If YES, please specify:

c. Any Special Educational needs that the college need to be aware of for this event? YES/NO

If YES, please specify:

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent/Carer contact details:

Contact Name: _____ Relationship: _____

Work Tel: _____ Home Tel: _____

Address(includingpostcode)

Parent/Carer email (please print clearly): _____

Emergency Contact Name _____ Tel: _____

Signed: _____ Date: _____