

CONSENT FORM RESIDENTIAL to be completed by Parent/Guardian

1	SCHOOL NAME:	DATE OF VISIT:

2	STUDENT'S NAME:				
	ADDRESS:				
	DATE OF BIRTH				
	PARENT/GUARDIAN CONTACT TELEPHONE NUMBER	1:		3:	
2:			4:		

3	ACTIVITIES:				
	I AGREE to my son/daughter _____ (name) taking part in any centre activities as arranged by suitably qualified staff	YES		NO	

4	DIETARY REQUIREMENTS:											
	Does your son/daughter currently receive Free School Meals?								YES		NO	
	Does your son/daughter have any special dietary requirements?								YES		NO	
	If YES :	Vegetarian		Vegan		Coeliac		Nut Allergy		Diabetic		Other
Please specify any other special dietary requirements:												

5	MEDICAL:														
	Does your son/daughter suffer from any physical or medical condition, serious allergy, recent illness or injury?										YES		NO		
	If YES , please give details of treatment and medication currently being taken:														
	Does your son/daughter have any behavioural challenges?										YES		NO		
	If YES , please give details:														
DOCTOR'S NAME:								TELEPHONE No:							

6	CONSENT:													
<ul style="list-style-type: none"> ➤ I have read, understood and completed all sections of this Consent Form carefully. ➤ I consent to any emergency treatment necessary. ➤ I consent/do not consent to my son/daughter's photograph being published on the EA Website or in articles for local/national newspapers <i>(please delete as appropriate)</i> 														
: Signed: _____										Date: _____				
Parent/Guardian														