



BOOKING AND CONSENT FORM

Student Name:		DOB:	
Primary School:			

Please indicate below which session your child is able to attend:

- Thursday 14th June** **Monday 25th June** **Tuesday 26th June**

Comments:	
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Please detail any medication, allergies, heart and breathing conditions, etc. Please use additional paper if required.	
Does your child need to take medication whilst on the visit? YES/NO <i>If yes please send in clearly named packaging together with a letter of consent and instructions on when to take the medicine.</i>	
Does your child have any additional needs we should be aware of? YES/NO (if yes please detail below)	
Emergency Contact (next of kin)	
Name	Tel Number(s)
Name of person dropping off/collecting Student	
I consent to my child receiving medication as instructed and any emergency medical treatment, including anaesthetic, as considered necessary by the qualified medical authorities present.	
I give/do not give permission for my child to be photographed (these may be published on our website/used for HRCS marketing purposes no names will be used).	
Signed parent/ guardian:	Date:
Full Name (please print):	
Telephone number:	
Email address:	

Please return to the School Office by 17th April to request a place. These will be allocated on a first come first served basis. Telephone bookings cannot be taken