

# Y7 RESIDENTIAL, CORNBURY PARK

## CONSENT FORM

To be returned to school



Child's Full Name:		Child's Date of Birth:	
School:		Year Group:	
Parent's Name:		Parent's Mobile Telephone Number:	
Home Address:		Home Telephone Number:	
		Email Address:	
Emergency Contact Name:		Emergency Contact Number:	
Name of Child's GP:		Has your child received vaccination against Tetanus in the last 10 years?	
		YES/NO	
		Can your child swim? YES/NO	
Telephone of Child's GP:		Known allergies and conditions:	
GP's Surgery Address:		Which necessitates the following medical treatment:	
Dietary Requirements:			
<p style="text-align: center;">Please circle either:                  No illness, allergy, physical or mental impairment disability.                  OR                  The following illness, physical or mental impairment disability  <i>(please detail below or attach a separate page) *</i></p>			