

# Parental Approval Form

Marlborough College Summer School 2010

Please complete the form below for your child/ward and return to Summer School prior to arrival.

## 1. Details of Child

Name		
Address		
		Post Code
Age (on 31st Aug 2010)	Date of Birth	Booking Ref No.
Summer School Age Group TE, YA, CA, JT or five2seven only		
Week(s) attending 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> (Please tick as appropriate)		

## 2. Your Contact Details

We need contact telephone numbers (morning and evening) in case of an emergency. Please could you provide your Home, Work and Mobile numbers and those of anyone it might be appropriate to get in touch with should you be unavailable, especially if the child is staying with friends or relatives during the week.

**Please complete the contact details section on the reverse.**

## 3. Important Information

**Please inform us of anything that we should know about your child/ward, including first language, medical conditions, medication, allergies, eating requirements and educational difficulties.**

## 4. Important Information

Would you like your child/ward to be put in the same group as any of their friends? Please list their names and we will endeavour to place them together. Please note children tend to be placed with others of the same age.

**Please let us know if there is anyone who is NOT allowed to have contact with or to collect your child/ward.**

**Please inform the Group Team Leader of anyone, other than parents/guardians, who may be bringing or taking your child/ward home.**

### CONSENT REQUIRED

- A I/We consent to my child/ward being taken off site during Summer School for activities which may involve travelling by minibus. (TE & YA only)
- B I/We consent to the possibility of Summer School taking photographs of my child/ward which may be used for publicity in the future. Please note that any photographs that appear in Summer School publications (eg brochure, advertising) will have been taken by the official Summer School photographer only.
- C I/We consent to Pastoral staff applying sun cream to my child/ward if required.
- D I/We approve medical treatment for our child/ward as is deemed necessary in an emergency on the advice of a qualified medical practitioner/registered nurse.

Signed:

Name (please print):

Date:

## CONTACT DETAILS MUST BE PROVIDED

First Contact		
Name		
Relationship		
Home Tel	Work Tel	Mobile
Courses attending at Summer School (if applicable)		

Second Contact		
Name		
Relationship		
Home Tel	Work Tel	Mobile
Courses attending at Summer School (if applicable)		

Third Contact (If Possible)		
Name		
Relationship		
Home Tel	Work Tel	Mobile
Courses attending at Summer School (if applicable)		

Additional Information
Child's level of English, if not their first language
Religion
Doctors name and surgery telephone number