

PROM FRIDAY 1ST JULY 2016

STUDENTS NAME: _____

FORM: _____

I give permission for my daughter to take part in this event and I acknowledge the need for my daughter to behave responsibly.

Should the necessity arise, I agree to my daughter being given any emergency medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the qualified medical authorities present.

In case of emergency the following two people can be contacted on:

Name:	Tel:
Name:	Tel:
Medical conditions or allergies my daughter has that staff should be aware of are:	
Medicines that my daughter will bring are:	
Directions for taking these medicines are:	

Where possible we require the consent of both parents/guardians below

Signed _____
(Parent / Carer)

Print Name _____
(Please print in block letters)

Signed _____
(Parent / Carer)

Print Name _____
(Please print in block letters)