

Surname:		Forename:	
Middle names:			Date of Birth:

Please provide details of person(s) to be contacted when parents are not available

Emergency Contact 1

Emergency Contact 2

Name:

CONSENT (Indicate with: Y/N)			
Are you willing for your son/daughter to participate in Sex Education			
Do you consent to the use of photographs/video footage of your son/daughter for publicity purposes on the school website or in newsletters?			
Do you consent to your son/daughter using the biometric finger registration system?			
Has your son/daughter been immunised against Tetanus?		Date of Immunisation:	
Do you consent to the school administering the following medicines: f*6.88 re f* 583.92i31.74 117.86 13.44.88 re W* 0			