

PARENTAL CONSENT / MEDICAL FORM

School	St Michael's RC Primary School		
Venue	Parish Hall – Art Room		
Activities	After School Club		
Pupils Name		Date of birth	

2. Medical/dietary information about your child

Please list any medical conditions or prescribed medication you want staff to be aware of.

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If required, I agree to my son/daughter receiving medication, as instructed, in line with normal school policy.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Please list any dietary requirements your child has.

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3. Signature of parent/carer.

I have received and read the information the school has provided for me outlining the arrangements for the After School Club. I agree to those arrangements and am therefore willing to allow my child to attend.

Name (capitals)		Relationship to young person	
Signature		Date	

Emergency contact number –

The above named child will be attending the After School Club on the following days (please tick):

Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>