

Application to Attend Year 5 Workshops

Day: Wednesday

Time: 3:45pm-4:45pm

Venue: Malbank School and Sixth Form College

Please complete ALL Sections of this application form and return to Mr M Brisbane, Malbank School and Sixth Form College.

(SECTION 1)

Your Child's Personal Details:

First Name: _____

Surname: _____

Date of birth: _____

Address: _____

Name of Child's Primary School _____

(SECTION 2)

Parent/Carer details:

Your name: _____

Home Tel no: _____

Mobile Tel no: _____

E-Mail address: _____

Other contact: _____

Please give an alternative contact name/s and number/s for use in an emergency:

1)NAME: _____

2)NAME: _____

(SECTION 3)

Your Child's Medical Details:

Name of GP: _____

Surgery telephone number: _____

Address of Doctor's surgery: _____

(SECTION 4)

Your child's Personal Medical details:

- a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

- b) Please outline any food or other allergies and special dietary requirements of your child:

- c) Any recent illness or accident staff should be aware of?

- d) The type of pain/flu relief medication your child may be given if necessary:

(Section 5)

Use of your Son/Daughter's image:

As part of the activities your son/daughter/ward are involved in Cheshire East Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way? YES / NO

Signed: _____

Date: _____

Full name (capitals): _____

Permission of Parent/Carer:

I give permission for my child to attend the above named Year 5 Workshop, and to participate in all activities mentioned in the programme description.

I agree to take responsibility for travel to and from the above named workshop.

Signed: _____