Permissions form for Bewerley Park Residential

March 18th – 20th 2024

**Child’s Information:**

|  |  |
| --- | --- |
| Child’s full name |  |
| Date of Birth |  |

**Contact Details:**

|  |  |
| --- | --- |
| Parent/carer names |  |
| Home telephone number |  |
| Parent/carer mobile 1 (please specify relation)  Work telephone: |  |
| Parent/carer mobile 2 (please specify relation)  Work telephone: |  |
| Home Address |  |
| Email address (used to register school accounts) |  |
| Additional email address (optional) |  |

**Emergency Contact Details:**

|  |  |
| --- | --- |
| Contact details | Relation to child |
|  |  |
|  |  |

**Medical Information:**

|  |  |
| --- | --- |
| Name of family GP |  |
| GP Address and phone number |  |
| Any medical factor which school out to be aware: e.g. sight, hearing, allergies, dietary requirements. |  |

|  |  |
| --- | --- |
| I give permission for my child to attend the Bewerley Park residential and undertake all activities planned. | Yes/No |
| I agree that if my child urgently requires medical or dental treatment and it is not possible to contact me, the teacher in charge at the time is authorised on my/our behalf to give consent for such emergency treatment. | Yes/No |
| I give permission for a plaster or adhesive bandage to be used for a minor injury. | Yes/No |
| I give permission for an antiseptic wipe to be used on a minor injury where appropriate. | Yes/No |
| I give permission for photos to be used by Bewerley Park on their website or social media, and on the school’s website. | Yes/No |
| Parent signature |  |

**I am required by law to seek the following information from you, though you are not obliged to give it**

Please tick the box next to either **A** or **B**

A I am willing to provide information about the

Ethnic origin, language and religion of my child ( )

B I am unwilling to provide information about the

Ethnic origin, language and religion of my child ( )

If you have ticked Box A please complete the following:

**Ethnic Origin Language**

**(Please tick box as applicable (please tick box as applicable)**

( ) White ( ) Bengali

( ) Black – African ( ) Cantonese

( ) Black – Caribbean ( ) English

( ) Black- other (please describe) ( ) Greek

( ) Indian ( ) Gujerati

( ) Pakistani ( ) Hindi

( ) Bangladeshi ( ) Italian

( ) Chinese ( ) Punjabi

( ) Any other ethnic group (please describe) ( ) Portuguese

( ) Spanish

( ) Turkish

( ) Urdu

( ) Other (please specify)

**Religion (Please tick as applicable)**

( .) Christian

( . ) Hindu

( . ) Jewish

( ) Sikh

( . ) Other (please specify)

Signed Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_