

PLEASE COMPLETE THIS FORM AND RETURN IT TO SCHOOL AS SOON AS POSSIBLE

CHILD'S NAME

YEAR GROUP.....

DOES YOUR CHILD HAVE ANY RELIGIOUS OR MEDICAL DIETARY REQUIREMENTS?

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(In the event that we are unable to contact you)

I agree to my child receiving medication in an emergency and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities consulted.

Signed..... Parent / Guardian

Print

Name..... Date.....