



Hanson Summer School - sign up form

Name of child: _____

Primary school: _____

Weeks 4 and 5 – Hanson Summer School

Please tick which days you wish your child to attend the Hanson School sessions.

If you previously completed a Summer school signing up form please use this new form to let us know the days you want your child to attend. We apologise for asking this again but it will make organising activities easier if this new form is used.

Week 4		Week 5	
Monday 23 rd August			
Tuesday 24 th August		Tuesday 31 st August	
Wednesday 25 th August		Wednesday 1 st September	
Thursday 26 th August		Thursday 2 nd September	
Friday 27 th August			

Please can you indicate any special arrangements we need to be aware of with these sessions (e.g. late arrival, early pick up etc)....if known:

Consent

This consent form should be completed by the parent or legal guardian in order for your child to participate in the events outlined in the programme. It is essential to complete this form correctly and hand back to the School.

Child's Name _____

Date of birth _____

Name of Parent/Guardian _____

Relationship to child _____

Address _____

Emergency contact name _____

Emergency contact telephone number _____

Please provide a **second** emergency contact name and telephone number:

Name _____ Relationship to child _____

Telephone number _____

Please note it is essential that we are able to contact one of these two numbers in the event of an emergency.



Other important information:

If your child has any medical conditions we need to be aware of, please give details below.

Special dietary needs

Does your child suffer from:

Nut allergy

Asthma

Hay fever

Diabetes

Any other allergy? (penicillin, anaesthetic etc) _____

Will your child carry any medication? Yes/No

Please specify

Any additional information you feel will allow us to provide the best experience for your child

Please tick below to which you give consent:

- I consent to the use of photo/video containing my child's image in any school related material for publicity or administrative purposes.
- I consent to my child taking part in all of the activities organised by the Summer Camp, unless I state otherwise. This includes taking part in any trips that may occur during the 2 week period of Summer School. I understand that school will provide further details of these trips nearer the time.
- I consent for the sharing of my details with authorised workers in order to support my child to participate in the Summer Camp fully.

Signature _____

Printed name _____

Date: _____