



PERMISSION FORM

PLEASE COMPLETE AND RETURN TO SIXTH FORM OFFICE BY FRIDAY 27th MAY

Year 13 Leavers Party, Thursday 30th June, 7pm

Student's name.....Form..... Mobile number.....

Parent/Carer emergency name and contact number for the evening:

.....

I have read the letter 'Year 13 Tapton School Leavers Party and give permission for my child to attend.

Please tick as appropriate:

Dietary requirements *(please note all the meat options are halal)*

- My child requires vegetarian food options
- My child requires vegan food options
- My child requires gluten free options
- I have paid the £32.00 via ParentPay or barcode letter on..... (date)
- I and my child accept and agree with the stipulations regarding alcohol and smoking

*Please delete as appropriate:

- **I give/do not give*** permission for my child to receive emergency first aid/medical care by a doctor or hospital in the event of an accident.
- **I give / do not give consent*** for the sharing of minimal data required to ensure the safe and smooth running of off-site visits and activities
- **I give/do not give*** permission for their photographs to be taken for display in school.

If there are any medical information or dietary requirements about your child which you feel we ought to know, e.g., allergies, medication needs, please specify below or request a confidential medical form to complete:

.....
.....

Signed.....(Parent / Carer) Date.....