

# Parental Approval Form

This form is to be used for Postal Bookings Only. Bookings made online include a digital version of the Marlborough College Summer School Parental Approval Form.

Please complete the form below for your child/ward and return to Summer School with your Course Booking Form. Children are not permitted to attend Summer School courses without a fully completed and signed Parental Approval Form. For parents/guardians with more than one child attending, additional copies of this form can be downloaded online at [summerschool.co.uk/downloads](http://summerschool.co.uk/downloads)

## 1. DETAILS OF YOUR CHILD/WARD

Name:	
Address:	
	Post Code:
Date of Birth:	Booking Ref Number (office use only):
Age Group: <input type="checkbox"/> Teenagers (13-17) <input type="checkbox"/> Young Adventurers (9-12) <input type="checkbox"/> Children's Activities (6-9) <input type="checkbox"/> Junior Troopers (3-6) (Please tick as appropriate)	
Week(s) Attending: <input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Week 4 (Please tick as appropriate)	

## 2. IMPORTANT MEDICAL, DIETARY OR SPECIAL EDUCATIONAL NEEDS INFORMATION

Please inform us of anything that we should know about your child/ward, including first language, medical conditions, medication, allergies, dietary requirements and special educational needs.

Failure to disclose any medical or psychological issue that could affect your child's ability to participate fully, or may be to the detriment of another student's enjoyment of Summer School, may result in them being removed from the course.

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## 3. CHILDCARE INFORMATION

Would you like your child/ward to be put in the same group as any of their friends? Please list their names and we will endeavour to place them together. Children tend to be placed with others of the same age.

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Please let us know if there is anyone who is NOT allowed to have contact with, or to collect, your child/ward.

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Please inform us of anyone, other than parents/guardians, who may be bringing or taking your child/ward home.

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#### 4. YOUR CONTACT DETAILS

We need contact telephone numbers in case of an emergency. Please could you provide your Home, Work and Mobile numbers and those of anyone it might be appropriate to get in touch with should you be unavailable, especially if the child is staying with friends or relatives during the week.

<b>First Contact</b>		
Name:		
Relationship:		
Home Tel:	Work Tel:	Mobile:
Courses attending at Summer School (if applicable):		

<b>Second Contact</b>		
Name:		
Relationship:		
Home Tel:	Work Tel:	Mobile:
Courses attending at Summer School (if applicable):		

#### 5. ADDITIONAL INFORMATION

Child's level of English, if not their first language:	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	(tick as appropriate)
Religion (this information is optional):				
Doctor's name and surgery telephone number:				

#### 6. CONSENT REQUIRED (Please tick as appropriate)

A. I/We consent to my child/ward being taken off site during Summer School for activities that may involve travelling by minibus. (This applies to Teenagers and Young Adventurers only)
<input type="checkbox"/> Yes <input type="checkbox"/> No
B. I/We consent to the possibility of Summer School taking photographs or film of my child/ward that may be used for publicity in the future. Please note that any photographs and/or videos that appear in Summer School publications (e.g. brochure, advertising) will have been taken by the official Summer School photographers and videographers only.
<input type="checkbox"/> Yes <input type="checkbox"/> No

C. I/We consent to pastoral staff applying sun cream to my child/ward if required.
<input type="checkbox"/> Yes <input type="checkbox"/> No
D. I/We approve medical treatment for our child/ward as is deemed necessary in an emergency on the advice of a qualified medical practitioner or registered nurse.
<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 7. DECLARATION

I hereby declare that the information I have provided is correct. I understand and agree that the failure to disclose any medical, psychological or educational issue that could affect my child's/ward's ability to participate fully, or may be to the detriment of another student's enjoyment of Summer School, may result in them being removed from the course and that, in this instance, Marlborough College will not be obliged to reimburse any fees, in part or in full.

Signed:	Name (please print):	Relationship to Child:	Date:
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