



St. Martin's School, Hillside, Caerphilly CF83 1UW Tel: 029 20 858050

## CONSENT FORM

FOR: **Bryn Meadows Prom**

DATE: 6/7/18

To be FULLY completed and returned to **Finance office**  
*If no reply is received by this date, this invitation is cancelled.*

STUDENT'S NAME	
FORM	
Is the student willing to agree to the Code of Conduct?	YES / NO Student to sign here _____
HOME ADDRESS	
HOME TELEPHONE No.	
IN CASE OF EMERGENCY: CONTACT TELEPHONE No.	PLEASE ENSURE SOMEONE WILL BE AVAILABLE AT THIS NUMBER
Does the student suffer from Asthma or any other condition of which staff should be aware? N.B. medication e.g. inhalers must accompany the student. <u>Please give details</u>	YES / NO If 'Yes' please give details below:
Any dietary requirements <u>Please give details</u>	

I give my consent for \_\_\_\_\_ [write student's name] to attend (event) \_\_\_\_\_ on (date) \_\_\_\_\_

I enclose £40 towards the cost. [Cheques to be made payable to St. Martin's School]

In the event of an emergency, I agree to any medical treatment that may be deemed necessary.

I agree to support the School in enforcing the Code of Conduct. I understand that in the unlikely event that my child breaks the Code of Conduct, I will support the school's decision about the appropriate sanction.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ [mother/father etc.]