

Health & Safety Revised Autumn 2011

PUPIL Registration Consent Disclaimer Information

Name of School	
Activity Date	
Client's Name	
Home Address	
Telephone number (Emergency Contact)	
Details of medication used (inhaler) or any information you feel we need to know e.g. Allergies	
Special dietary needs e.g. Vegetarian	
Residential YES / NO	

As Parent/Guardian of the child detailed above, I give consent for him/her to attend the above daylong / residential activity event and agree to accept the risk of undertaking the activities offered in respect of personal injury and loss of or damage to, property arising there-from. There are no known medical reasons why he/she should not participate in all activities.

I have read and understood the risk involved with the activities and am happy for my child to take part in these activities. Please also note that if these Disclaimer Forms are not returned to Wennington Hall School by the Organisation prior to the event taking place, your son/daughter will NOT be allowed to take part.

Thank you.

Signed Parent / Guardian



Wennington Hall School

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