



HURTWOOD HOUSE

Parental Consent Form for Summer School

I agree that 'over the counter' medicines (Paracetamol, Ibuprofen, Antihistamine) may be administered if deemed necessary.

I agree that in the event of an emergency, my son/daughter being given any medical, surgical, optical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I agree to my son/daughter taking part in any or all of the activities described.

I give permission for photographs/videos to be taken of my son/daughter and for those images to be retained and used for future publicity and communications.

I acknowledge the need for good conduct and responsible behaviour on my son/daughter's part and my son/daughter agrees to abide by the Summer School rules and code of conduct.