

YOUNG VOICES PUPIL INFORMATION 2018

Name of child.....

Date of birth.....

Upto date medical information that we need to know and any medication that needs to be taken (please speak to Miss Connolly if medication other than child's school based inhaler is needed)

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Who will be collecting your children from school at approx. 10:45-11pm?

Name.....

Phone number

Will this person be attending the Young Voices Concert? Yes / No

Any other collection information that you would like us to know?

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Emergency contact details for the day/evening of Tuesday 16th January 2018

Contact 1:

Name

Phone number

Contact 2

Name

Phone number

Consent for emergency medical treatment

In case of my child needing emergency medical treatment during the course of this visit, I give permission for the Visit Leader to act for my child (e.g. approve any emergency treatment needed). Parents will always be contacted as soon as possible in these situations.

Signed (parent./carer)

Please return this information by Tuesday 9th January 2018