**Dance Summer School 2020 Authorisation Form**

Student’s Name ……………………………………………………………………….……

Student’s Address………………………………………………………………………….. Postcode …………..……....

Date of Birth ……………………………..Age on 1st August 2020…………………

Emergency Contact Names and Telephone Numbers: ……………………………………………………………………..

Please give details if your son/daughter suffers from a medical condition or allergies that require treatment.

Include any intolerance to certain foodstuffs:

……………………………………………………………………………………………………………….

\*\*NO STUDENT IS ALLOWED TO KEEP ANY FORM OF MEDICINE/TABLETS IN THEIR ROOM OR IN THEIR DANCE BAG. THESE MUST BE HANDED IN TO THE HOUSEPARENTS AT REGISTRATION CLEARLY LABELLED WITH NAME AND INSTRUCTIONS.

QUEEN ETHELBURGA’S IS A NUT FREE ZONE SO STUDENTS ARE PROHIBITED FROM BRINGING ANY ITEMS CONTAINING NUTS OR NUT PRODUCTS\*\*

\*Parent/Guardian signature in confirmation of the above : (compulsory)………………………………………………………………………Date………………………..

Family Doctor’s Name ………………………………Telephone Number………………………………………

Address ……………………………………………………………………………………………………………

\*A sticking plaster may be used if necessary YES/NO

N.B. **If your child requires a specific type of plaster please bring with you and hand in to Houseparent.**

\*A pain killer may be administered if necessary YES/NO Paracetamol / Aspirin / Ibuprofen

N.B. **If your child requires liquid forms of pain relief please bring with you, marked with child’s name, and hand to Houseparent on arrival.**

\*I consent to any emergency medical treatment necessary being given to my child during the period of attendance at the Dance Summer School. I will advise on first day registration of any illness/infection suffered by my son/daughter after signing this form.

\*The teaching of dance often requires the teacher to physically guide a movement by touch. Without this guidance the student may never gain the correct posture and understanding of the technical requirements.

\*I agree that appropriate physical contact may be made.

\*I consent for my son/daughter to be photographed during the Assembly for promotional purposes and for use through our social media sites.

\*I consent for my son/daughter to use the swimming pool. My son/daughter can/cannot swim

**Room Sharing**

All rooms have a minimum of 3 students to room\* I consent for my son/daughter to share a room.

If you are attending with a friend/s please give details here………………………………………………………….

**\*I declare that my son/daughter is in good health and able to participate in all of the summer school activities.**

**\*Signature of Parent/Guardian ……………………………………………………… Date ………………**

**\*Name of Dance Teacher...............................................................................................**

**\*I consent for my pupil to attend the YDS Summer School**

**\*Signature of Dance Teacher (compulsory) ……………………………………….. Date……………….**

* **Starred items ( \* ) require attention/signature/s**