**Friends of BVCP Movie Night Friday 8th November 2024 - Years 1-3**

I give consent for my child to attend the above movie night and emergency contact details along with medical and dietary requirements are below;

I confirm that if my child requires collecting early for any reason then the emergency contact details can be used.

PRINT NAME …………………………………………………………………………………………………………………………………….

Signed……………………………………………………………………………………………. Date…………………………………

|  |  |  |
| --- | --- | --- |
| **Childs Name** |  | |
| **Year Group and Class** |  | |
| **Parent Emergency Contact** | **Name:** | **Contact No:** |
|  | **Name:** | **Contact No:** |
| **My child will be collected at the end of the evening by** | **Name** | **Contact No:** |
| **My child requires the following medication and will bring this with them on the evening** | **Medication** | **Dose and Timing** |
| **My child has the following dietary requirements/allergies**  **\*please also state if none** |  | |