

REPLY SLIP

«Student_Name»

I give permission for my child to attend the Year 5 Summer Programme days and understand that my child will be required to follow the Covid-19 Home School Agreement (available to read on our school website under 'Parents' then 'Coronavirus Guidance')

Parent Signature:.....

Date:.....

I would like my child to receive the available hampers over the 4 week period:

I do not want my child to receive the available hampers over the 4 week period:

Due to lockdown, there may be changes to your emergency contact details or medical information for your child. Please complete the below section to ensure we have the most up to date information:

Emergency Contact 1:

Name:.....

Phone number:.....

Email address:.....

Emergency Contact 2:

Name:.....

Phone number:.....

Email address:.....

Updated Medical Details:

Have there been any changes to your child's medical details during the lockdown period: YES/NO

If yes, then please provide details:

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Dietary Requirements:

Please provide us with up to date dietary requirements for your child including any allergies:

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