

Forename: _____ Surname: _____

Name of School: _____

Date of Birth: ____/____/____ Gender: _____

Ethnic Origin: _____

Home Address: _____

_____ Post Code: _____

Email Address: _____

Please provide details of any disability or learning difficulty:

Please provide details of any current medical/health problems or dietary requirements:

Parental Agreement:

Please sign below to show agreement to the following statements:

- I agree for the above named student to take part in the Healthcare Skills Club from 09.11.19—07.10.19;
- I give consent for the above named student to have their photograph taken;
- I understand that photographs of this event will be taken and will be used on websites, literature and social media;
- I give consent for the Careers & Engagement Team to store and file this information electronically and on paper;
- I understand that I have the right to request erasure of this information.

Name: _____ Signature: _____

Relationship to student: _____ Date: _____

Telephone number (in case of emergency): _____

This form should be returned to joseph.palmer@mbht.nhs.uk by

Monday 2nd September 2019

Better Care Together

Moor Lane Mills, Moor Lane, Lancaster LA1 1QD

