

**Year 3 – A Night at the School – Return by Wednesday 3<sup>RD</sup> April**

**Child's Name:** .....

**Class:** .....

My child would like to attend the following:

The Evening/Sleepover/Breakfast

The Evening & Breakfast only

To be collected by 9.00pm & dropped off at 8am for breakfast

**Breakfast – my child would like the following for breakfast:**

Bacon Bap and Juice

Vegetarian Sausage Bap and Juice

**Medical Conditions**

Does your child have any medical conditions that we need to be aware of? **Yes** **No**

If yes, please provide details .....

.....

**Medication**

Does your child require any medication to be administered? **Yes** **No**

If Yes, please give details below and please bring medication on the night, labelled and give to a member of staff. ....

.....

**Emergency Contact Details for the evening and night:**

Name: ..... Relationship to Child: .....

Contact Telephone Number: .....

I enclose £7 Cheque to cover the cost of the event.

I have paid £7 online.

Signed: .....

Date: .....

Print Name: .....