



Whilst at the University of Liverpool Maths School, the school will fulfill its duty of care to your child. In order to enable this, the following details must be completed by the person with parental responsibility for the named child.

Name of pupil:

Date of birth:

Name of Parent/Carer:

My mobile number is:

My home phone number is:

An alternative person for you to contact if I am not available is:

His/her phone number is:

This person's relationship to my son/daughter is:

Does your son/daughter suffer from any allergies? YES: NO:

If yes, please give details:

Does your son/daughter have any medical conditions that staff leading the visit should be aware of? YES: NO:

If yes, please give details including essential medication required on the day:



If you are happy with the declarations, please tick each box and sign below to confirm consent:

I agree to my child taking part in the Taster Day taking place at the University of Liverpool Maths School

I authorise that any medication stated above is for the sole use of my child and he/she is competent enough to self-medicate. I authorise members of the supervisory staff to approve emergency medical treatment if required, on the advice of a qualified medical practitioner

The University of Liverpool Maths School intends to document some of its activities with photos. These may be used for promotional purposes by the school and also by the University of Liverpool, including, but not limited to, prospectuses, newsletters, advertisements, promotional events and its websites. I give consent for images of my child to be used by the school.

I, or the alternative contact listed above, will be contactable on the numbers given above on the days my child will be attending ULMaS.

Signature of Parent/Carer:	
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Date:			
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