

DRAMA

SCHOOLS 2010

Easter (£80 per child for three days)
Summer (£130 per child for five days)
Time

5 April – 7 April
5 July – 9 July
9.30am – 4.00pm

APPLICATION FORM

I would like my child / children to attend The GWC Drama School(s)				
Name	D.O.B	Class 09/10	Easter <i>(please tick)</i>	Summer <i>(please tick)</i>

I wish to pay with Child Care Vouchers (CCVs) (please tick, if applicable)

Amount £

Emergency Contact Details

Home Address	Alternative Emergency Contact Details
Home Telephone Number	Family Doctor and Contact Details
Mobile Telephone Number	
email Address:	

Signature of Parent/Guardian: _____ Date: _____

Please complete this form together with a **consent form for each individual child** and a cheque made payable to 'George Watson's College' (unless paying with CCVs) and return to Junior School Reception or the Senior School Drama Department as soon as possible, as places are filled on a first come, first served basis.



DRAMA

SCHOOLS 2010

Easter 5 April – 7 April
Summer 5 July – 9 July
Staff in Charge Mr Craig Serrels
Location GWC Drama Department

CONSENT FORM

PLEASE RETURN TO THE DRAMA DEPARTMENT AT LEAST ONE WEEK BEFORE THE SCHOOL

Consent for

Name: _____ Form: _____ D.O.B. ____/____/____

(please tick) Easter 5 April – 7 April 2010
 Summer 5 July – 9 July 2010

I agree to the above mentioned child taking part in the activities connected with Drama Easter and/or Summer Schools, under the supervision of Mr Craig Serrels and his staff, as authorised by the Principal. This consent form covers all events associated with the above activity.

The medical information, the address and telephone number of the child's doctor will be passed to the staff in charge of the activity. The information provided is required for passing to medical professionals in the case of an emergency.

It is important that the activity leader is aware of all medical and other factors which may be relevant for the above activity. Please give details of such information below, including any current medication.

Wherever possible, senior school children are expected to administer their own medication. If you wish to discuss your child's individual circumstances please contact Mr Craig Serrels on 0131 446 6037 or email c.serrels@gwc.org.uk.

Relevant medical information

(including details of dosage and timings of any medication they need to take).

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signature of Parent/Guardian: _____ Date: _____

