

# Year 7 Disco!



## SHSG PARENTS' ASSOCIATION - YEAR 7 DISCO 3<sup>rd</sup> OCTOBER 2025 – PARENTAL CONSENT FORM

Your son's name \_\_\_\_\_ Your son's Form \_\_\_\_\_

Any medical condition your son may need medication for (if yes please ensure he brings his medication with him) \_\_\_\_\_ Y/N

Details \_\_\_\_\_  
\_\_\_\_\_

Any allergies we need to be aware of \_\_\_\_\_ Y/N

Details \_\_\_\_\_  
\_\_\_\_\_

Name of person who will collect your son from the venue at 7pm

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

I consent to my son attending the Year 7 Disco at SHSG and I have provided all relevant information for the organisers

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Contact Telephone Number on the evening \_\_\_\_\_

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