Please complete both sides (Section A and Section C) of this form if you would like a day pupil to stay overnight in a boarding house and return to the [flexiboarding@sidcot.org.uk](mailto:flexiboarding@sidcot.org.uk) , giving at least five working days’ notice.

##### Section A

**To be completed by Parent/Guardian**

Please arrange for my child to be accommodated in boarding as detailed below. I accept that this will be billed at a rate per night of £48.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pupil name: |  | Form: |  | Gender: | M / F |

Dates accommodated:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Totals: |  | nights |

I have completed the medical information overleaf and consent to emergency treatment for my child.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed parent: |  | Date: |  |
| Please PRINT name: |  | | |

|  |
| --- |
|  |

##### Section B

**To be completed by Sidcot staff**

|  |  |
| --- | --- |
| House allocated: |  |
| Application accepted: |  |
|  | Signature of Deputy Head |
|  |  |
|  | Signature of Housemaster/Housemistress |

Copy both sides to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Parent/guardian | 2. Hm | 3. Tutor | 4. Accounts | 5. Admissions | 6. Original for file |

##### Section C – Medical Information

**To be completed by parent/guardian**

To the best of my knowledge, my child is of good health. He/she is not in the care of a doctor and requires no special treatment.

|  |  |  |  |
| --- | --- | --- | --- |
| Is your child taking medication? | YES / NO | | |
| If YES, please give details: |  | | |
|  | | | |
|  | | | |
| If your child suffers from an allergy, please give details: | |  | |
|  | | | |
|  | | | |
| If your child requires any special dietary requirements, please give details: | | |  |
|  | | | |
|  | | | |
| Please provide details (name, address, telephone) of your child’s doctor: | | |  |
|  | | | |
|  | | | |
| Please provide details (name, address, telephone) of an emergency contact: | | |  |
|  | | | |
|  | | | |

I consent to any emergency/medical/surgical/dental treatment which my child may require.

To best support your child please tick if there any safeguarding concerns that the school are aware of

If there are safeguarding concerns that the school are not aware of, please tick here

Please contact [safeguarding@sidcot.org.uk](mailto:safeguarding@sidcot.org.uk) as soon as possible to discuss.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed parent: |  | Date: |  |
| Please PRINT name: |  | | |