**Visitor 1:**

**Full name:** **Date of birth:** / /

**Gender:** Male Female Transgender Other:

**What school does the child attend?**

**Does s/he have a specific disability?** Yes or No

**If yes, please give a brief description of his / her disability or specific needs, and any other relevant information** (i.e. behaviours, allergies/dietary/medical needs, triggers/calming techniques, medication):

**Does s/he receive income support or DLA? (if shown to a member of staff they will receive a discounted rate)** Yes or No

**Staff seen:** Yes or No

**Do you give permission for first aid to be administered to the young person or adult visitor?**

Yes or No

**Disclaimer for photographs:**

I (Name of parent/carer) **am / am not** happy until further notice, for the above named child to appear on photographs taken at Thomley for the purpose of its publicity and fundraising activities.

**Signature:**

**Visitor 2:**

**Full name:** **Date of birth:** / /

**Gender:** Male Female Transgender Other:

**What school does the child attend?**

**Does s/he have a specific disability?** Yes or No

**If yes, please give a brief description of his / her disability or specific needs, and any other relevant information** (i.e. behaviours, allergies/dietary/medical needs, triggers/calming techniques, medication):

**Does s/he receive income support or DLA? (if shown to a member of staff they will receive a discounted rate)** Yes or No

**Staff seen:** Yes or No

**Do you give permission for first aid to be administered to the young person or adult visitor?**

Yes or No

**Disclaimer for photographs:**

I (Name of parent/carer) **am / am not** happy until further notice, for the above named child to appear on photographs taken at Thomley for the purpose of its publicity and fundraising activities.

**Signature:**

**Visitor 3:**

**Full name:** **Date of birth:** / /

**Gender:** Male Female Transgender Other:

**What school does the child attend?**

**Does s/he have a specific disability?** Yes or No

**If yes, please give a brief description of his / her disability or specific needs, and any other relevant information** (i.e. behaviours, allergies/dietary/medical needs, triggers/calming techniques, medication):

**Does s/he receive income support or DLA? (if shown to a member of staff they will receive a discounted rate)** Yes or No

**Staff seen:** Yes or No

**Do you give permission for first aid to be administered to the young person or adult visitor?**

Yes or No

**Disclaimer for photographs:**

I (Name of parent/carer) **am / am not** happy until further notice, for the above named child to appear on photographs taken at Thomley for the purpose of its publicity and fundraising activities.

**Signature:**

**Visitor 4:**

**Full name:** **Date of birth:** / /

**Gender:** Male Female Transgender Other:

**What school does the child attend?**

**Does s/he have a specific disability?** Yes or No

**If yes, please give a brief description of his / her disability or specific needs, and any other relevant information** (i.e. behaviours, allergies/dietary/medical needs, triggers/calming techniques, medication):

**Does s/he receive income support or DLA? (if shown to a member of staff they will receive a discounted rate)** Yes or No

**Staff seen:** Yes or No

**Do you give permission for first aid to be administered to the young person or adult visitor?**

Yes or No

**Disclaimer for photographs:**

I (Name of parent/carer) **am / am not** happy until further notice, for the above named child to appear on photographs taken at Thomley for the purpose of its publicity and fundraising activities.

**Signature:**