

Emergency details

NAME OF CHILD:
FULL POSTAL ADDRESS:

DATE OF BIRTH:

NAME(S) OF PARENT(S) / GUARDIAN(S):

DAYTIME TELEPHONE NUMBER:
MOBILE TELEPHONE NUMBER:

Important medical details

NAME OF DOCTOR:
TELEPHONE NUMBER:

ASTHMA
IS YOUR CHILD ASTHMATIC?
DO THEY NEED AN INHALER?
WHAT TYPE OF INHALER DO THEY USE?

Other medical issues and dietary requirements

Please give details of any other medical conditions, allergies and current medication. Please also include any dietary requirements your child has.

Insurance

If you would like to see a copy of the insurance policy, please book an appointment to speak to Miss Newby.

Declaration

I agree to my child's participation in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible. I understand the extent and limitations of the insurance cover provided.

I agree to collect my child if their behaviour negatively affects the wellbeing or enjoyment of others.

Signature of Parent/Guardian:

Date: