

General/Medical Information Form

Name: _____

Please state any relevant medical conditions we need to be aware of and any medication taken.

1 _____

2 _____

Emergency Contacts:

Please provide contact details of two people we could contact in the event of an emergency

Name _____ Relationship _____

Phone _____ Mobile _____

Name _____ Relationship _____

Phone _____ Mobile _____

Photography may be used during the sessions for promotion and publicity purposes. Please tick this box if you DO NOT wish your child to be photographed.

Name of parent/guardian:

Signed:

Date:



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Name of Pupil:

Address:

Postcode:

Telephone:

Email:

Date of Birth:

Age:

School:

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:



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