

Egypt Centre Children's Half Term Workshops February 14th - 17th 2012

Dates of workshop:.....

Name of Child.....

Please Print Clearly

Date of birth.....AGE.....

Address.....
.....Tel.....

School.....School Year.....

Does your child suffer from a medical condition? (eg. Asthma, epilepsy, or diabetes).....

Medication details.....

(Please clearly label your child's medication and indicate dosage).

Any allergies?.....

Name of Doctor.....

Address.....

Tel.....

Details of two emergency contacts

Contacts Must Be Available and Contactable!

Name.....

Name.....

Address.....

Address.....

tel.....

tel.....

I give permission for photographs to be taken of my child for advertising/archive purposes

YES/ NO

Signature of parent or guardian.....