

*Egypt Centre Children's Half Term Workshops June 6<sup>th</sup> - 8<sup>th</sup> 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.....