

## Student Contact Form

<b>Students Name:</b>		<b>Date of Birth:</b>	
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### Details of Parent(s) or Guardian

<b>Name(s):</b>		<b>Relationship:</b>	
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### Address:


<b>Email:</b>	
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<b>Home Tel No:</b>		<b>Mobile Tel No:</b>	
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### Emergency Contact

<b>Name(s):</b>		<b>Relationship:</b>	
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<b>Contact No:</b>	
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### Students Doctor

<b>Name &amp; Surgery</b>		<b>Tel No:</b>	
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### Allergies / Health Problems- or any other information you would like to add


### Permission to Administer First Aid or Medication - please tick where appropriate

<b>Plasters</b>	<input type="checkbox"/>	<b>Antiseptic Cream</b>	<input type="checkbox"/>	<b>Calpol</b>	<input type="checkbox"/>
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### Does your child use inhalers? Please specify

	<b>to be given at</b>	
	<b>to be given at</b>	

I.....hereby give permission for Parkewood School of Dance assigned helpers to administer the above noted medication as/when needed. All information on this form is dealt with in the strictest confidence. **Signed**..... **Date**.....

### Permission for Taking Photographs

I.....hereby give permission for Parkewood School of Dance to take photographs of my child..... either with a film or digital camera. The pictures will be stored on CD or PC under password access. Under NO circumstances will your child's name accompany pictorial literature unless permission has been given.

**Signed**..... **Date** .....