

Name:

Age on 1<sup>st</sup> day of activity:

Date of Birth:

Contact email:

Address:

Tel No.:

Mobile No.:

Alternative contact details in case of emergency:

Doctor's name, address and telephone number:

Date of last tetanus injection, if known:

Special dietary requirements:

Allergies:

Any other information that would be useful for The Artroom to know (such as special educational needs)

Medication or Current Medical Conditions: (please indicate if your son/daughter has been in contact with any contagious or infectious diseases in the last four weeks)

**For The Artroom use please do not fill this part in:**