

**The Federation of Snape Community and Thornton Watlass CE Primary Schools
ESCAPE HOLIDAY CLUB - DATA AND MEDICAL FORM**

PERSONAL DETAILS

Childs Surname: Childs forename:

Date of birth:/...../.....

Address:

Postcode..... Home telephone number:

PARENT/CARER CONTACT DETAILS

Name.....

Mobile telephone number:

Work telephone number

E-mail address

Relationship to child.....

Name.....

Mobile telephone number:

Work telephone number

E-mail address

Relationship to child.....

Please list other emergency contact names and telephone numbers

Name:..... Number:

Name:..... Number:

MEDICAL INFORMATION:

Doctors name, address and tel number:

Has your child been inoculated against Tetanus? YES / NO

Any other relevant medical information? (Allergies, asthma etc).....

DIETARY INFORMATION (Does your child have any individual dietary needs? Eg Vegetarian)

Does your child have permission to walk home from Summer Escape? YES / NO

Signed : (Parent/Guardian) Date.....