

Dear Parent,

Please could you take the time to fill in the following form about your child. This information is extremely important so that we are able to contact you or somebody on your behalf in case of an emergency.

### Arts Attack. Information about your child

Child's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Phone Number *if different from above*: \_\_\_\_\_

Named person(s) collecting the child from the summer arts school (if different from Parent / Guardian)  
**IMPORTANT: CHILDREN ARE ONLY ALLOWED TO LEAVE WITH NAMED ADULT.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Details of second contact, other than named collector, who may be able to take child in an emergency situation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

## EMERGENCY / MEDICAL INFORMATION

*ALL INFORMATION IS TREATED CONFIDENTIALLY*

Child's Doctor's Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your child have any medical problems, allergies or special needs? Please give necessary details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child is taken ill or has an accident, every effort will be made to contact you.

If your child needs hospital treatment and we have been unable to contact you, we will take your child to the hospital and advise you of the situation as soon as possible. Please read and sign the statement below:-

Yes: \_\_\_ No: \_\_\_ (Please tick) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Due to Summer Arts School being open access we can not take responsibility for your child if he/she leaves the premises.

Do you give your child permission to leave the session: Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Please tick)

*I have read and understood the information given and agree to inform the Summer Arts School staff of any changes to the details given above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time for this. Please feel free to contact us with any queries you may have in regards to the Arts Attack.

Yours Sincerely,

Louise Hay  
*Community Arts Manger*

