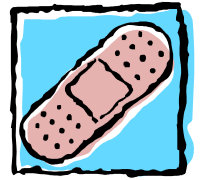


Our Lady's Holiday Club

Emergency Medical/Contact Form



Child's Name:.....

Address:..... Date of Birth:.....

Mother's Name:..... Father's Name:.....

Address:..... Address:.....

.....

.....

Telephone Numbers:..... Telephone Numbers:.....

.....

.....

Any other relevant contact numbers: *eg: childminder's, grandparent's*

.....

Any known allergies (plasters, face paints, foods, wasps stings etc.) or relevant medical information (hay fever, epilepsy, diabetes etc.):

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.....

.....

Family Doctor:

Name:..... Telephone Number:.....

Address:.....

.....

.....

Parent's signature:..... Date:.....

PLEASE DO NOT SEND CHILDREN WHO ARE UNWELL TO HOLIDAY CLUB IT IS NOT FAIR ON THEM OR THE STAFF.