



Rhythmically Speaking
26 Grafton Rd
Roade
Northants
NN7 2NQ

Telephone/Fax: 01604 863121
Mobile: 07968 480306
E-mail : info@rhythmicallyspeaking.com
www.rhythmicallyspeaking.com

Child Contact Details & Medical Form 2010

Child Name.....

Child Address.....

.....

Home Contact Tel.....

Contact Email.....

Parents/Guardian Names.....

Emergency Contact Tel nos.....

Who will pick child up from Holiday Activities?

Name.....

Contact Tel.....

Other information.....

.....

I give permission for my child to appear in any publicity photographs taken while on a Rhythmically Speaking course for its own purpose and will not be used by a third party. This may include brochures, website or other.

Yes No



Name of Child.....

Date of Birth.....

Next of Kin.....

Telephone Number to contact in
emergency.....

If the above is not available is there anyone else suitable to
contact?.....

Telephone Number.....

Doctor's Name.....
Address of surgery

.....
.....
.....

Are you registered with any of the local hospitals?.....

Are you, to your knowledge, allergic to anything, for example penicillin, or
peanuts?.....

.....
.....

Is your child allergic to theatre make-up/face paints?.....

Is there anything else we should know?.....

.....
.....

Medicines must be clearly labelled with child's name and instructions provided.

Please make certain that you bring this form with you on the first day of the activities.