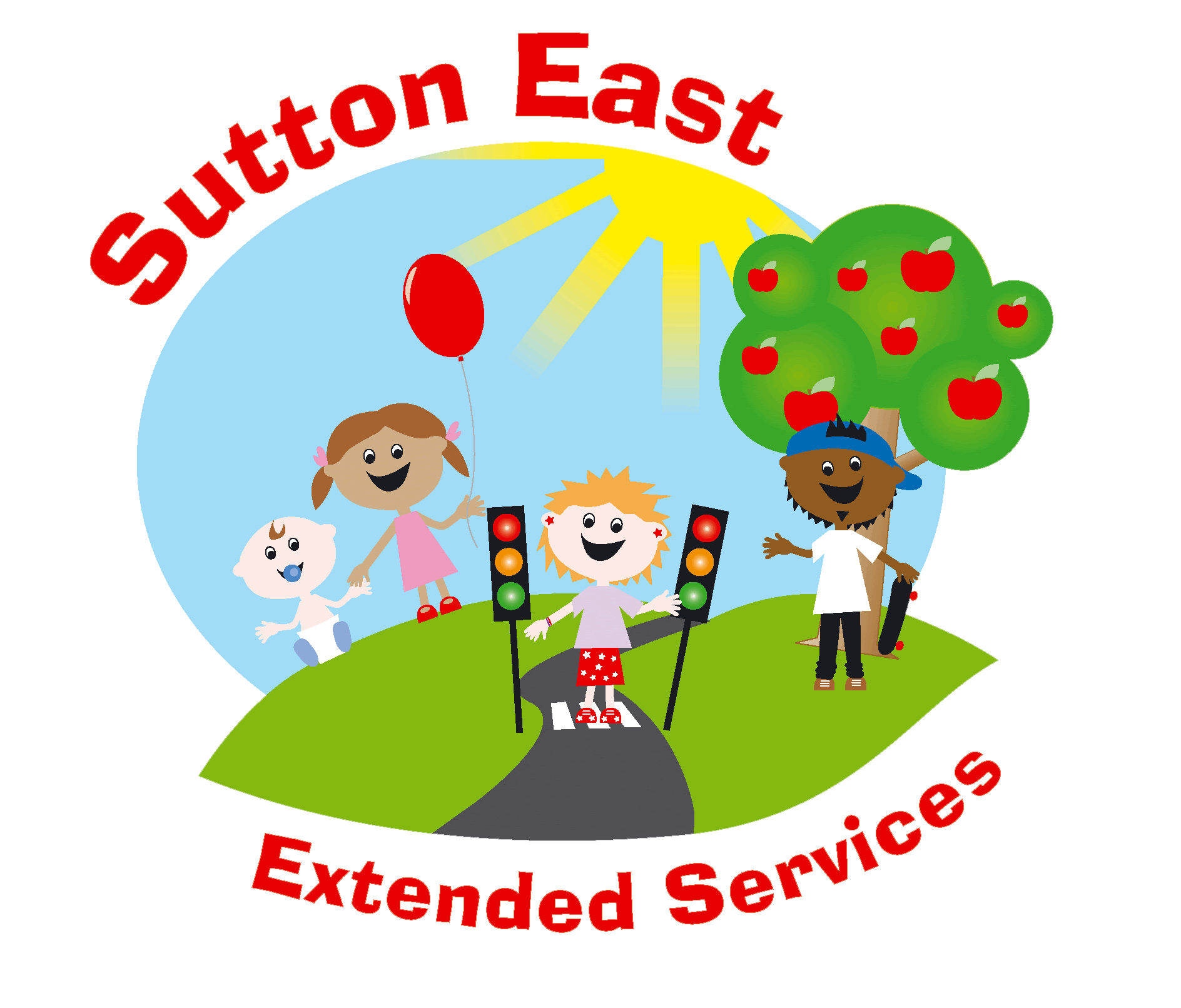
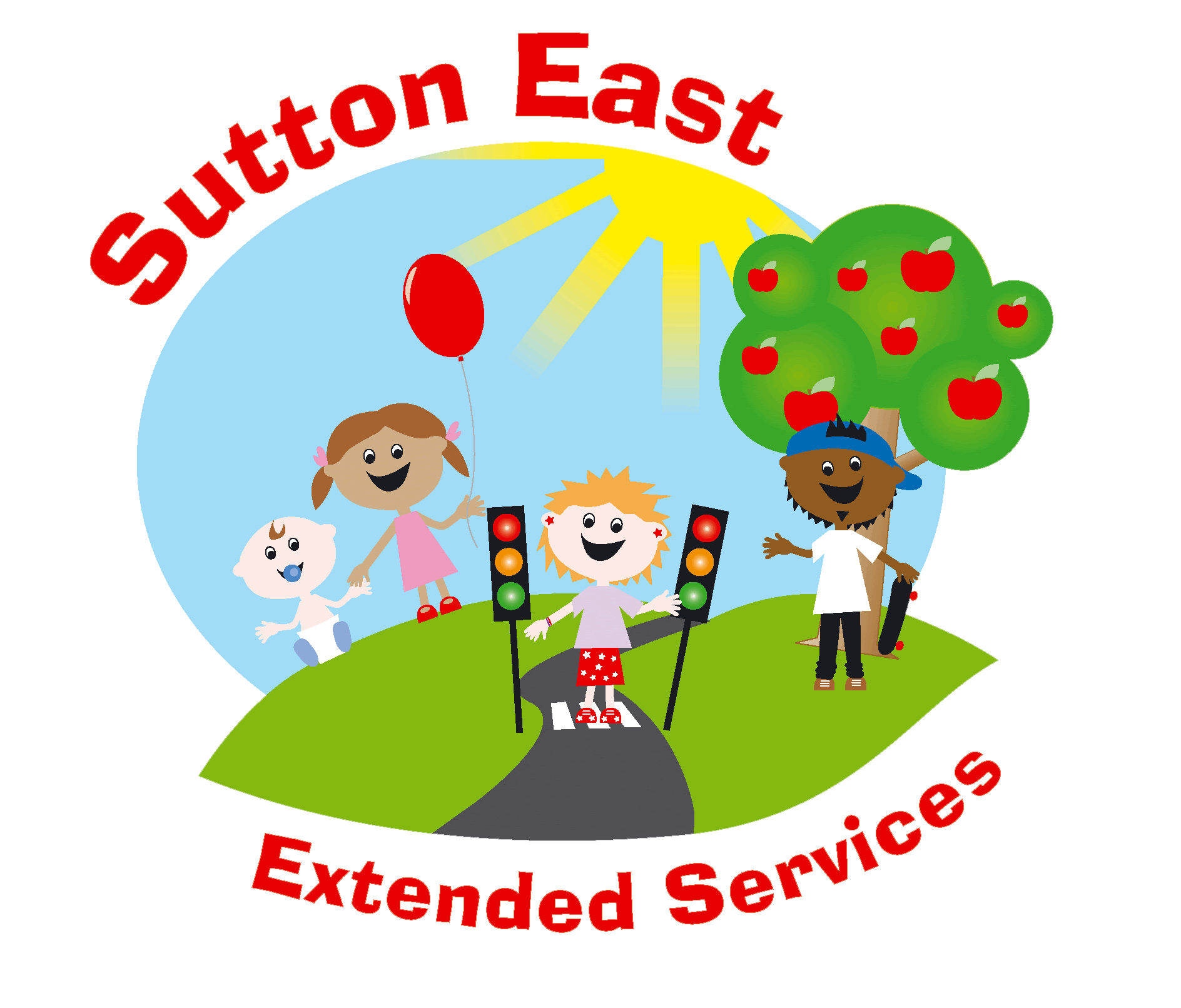
Sutton East Extended Services (SEES)



**Xpressive Arts Xtra 11th – 15th April 2011**

**Please complete all details, additional children are listed below if you would like to book more than one child onto this activity. All boxes can be ticked by double clicking in the square and choosing the “checked” option.**

Full Name of child/young person:

Parent/Guardian Name:

Address:

Postcode:

Home Tel: Mobile:

Emergency contact person’s name:

Contact number: Relationship to the child:

Date of Birth: Age at the time of filling in this form:

Name of School: School Year:

**Medical section**

Any known allergies or conditions i.e. Asthma/ADHD etc:

I can confirm that the above details are complete and correct to the best of my knowledge. (Please tick)

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency and in case I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary.

I understand that every effort will be made to contact me as soon as possible. (Please tick)

Child 2

Full Name of child/young person:

Date of Birth: Age at the time of filling in this form:

Name of School: School Year:

**Medical section**

Any known allergies or conditions i.e. Asthma/ADHD etc:

I can confirm that the above details are complete and correct to the best of my knowledge. (Please tick)

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency and in case I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary.

I understand that every effort will be made to contact me as soon as possible. (Please tick)

Child 3

Full Name of child/young person:

Date of Birth: Age at the time of filling in this form:

Name of School: School Year:

**Medical section**

Any known allergies or conditions i.e. Asthma/ADHD etc:

I can confirm that the above details are complete and correct to the best of my knowledge. (Please tick)

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency and in case I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary.

I understand that every effort will be made to contact me as soon as possible. (Please tick)

Child 4

Full Name of child/young person:

Date of Birth: Age at the time of filling in this form:

Name of School: School Year:

**Medical section**

Any known allergies or conditions i.e. Asthma/ADHD etc:

I can confirm that the above details are complete and correct to the best of my knowledge. (Please tick)

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency and in case I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary.

I understand that every effort will be made to contact me as soon as possible. (Please tick)

I agree that photos can be taken of my child/ren to be used for SEES promotional purposes in print/website format only (please tick)

Signature of Parent/Guardian: Date:

Please complete the form and return via email to helen.biddle@sees.bham.org.uk