

THE STEPHANIE MORGAN SCHOOL OF DANCE STUDENT INFORMATION FORM

CHILDS NAME:	
CHILD'S ADDRESS AND POSTCODE:	
CHILD'S SCHOOL: (PLACE OF EDUCATION)	
CHILD'S CLASS:	
CHILD'S DATE OF BIRTH:	

To be completed by child's parent/carer

Does your child have:	yes or no	if yes, please provide details including any treatment or medication:
Asthma?		
Any allergies?		
Any skin conditions?		
Hearing impairment?		
Visual impairment?		
Any learning disability?		
Any physical disability?		
Any other medical conditions?		
Taking any regular medication(s)?		
Been to see or had a referral to a hospital consultant in the last 6 months?		
EMERGENCY CONTACT NUMBER 1	contact name:	contact telephone number:
EMERGENCY CONTACT NUMBER 2	contact name:	contact telephone number:

DECLARATION

I declare that:

My child is in a fit state of health to participate in lessons and will inform you of any changes to current information supplied today.

I have parental responsibility for this child. *

I give permission for my child to be filmed and photographed in class and at events.

The school use videos and photographs for educational and promotional purposes.

Child's name:	
Signature of parent/carer:	
Print name:	

Date:	
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*As defined within section 3 of the Children Act 1989, 'parental responsibility' means all of the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property.