



Child's name

DOB..... Class

Parents/Carers name.....

Home address

.....

Emergency contact No 1.....

Emergency contact No 2.....

People who may collect your child

.....

Can your child walk home alone?

Is there anything we should know about your child?.....

.....

If your child has a medical condition that requires medication please request our 'Medication Permission' form

We may take photos of children with their artwork
Please tick this box if you do NOT want your child photographed

The information you provide will be held by Kidzone on a computer, which will be kept in a safe place and not accessible by the public

The contact details you provide will only be used for kidzone business

Signed.....Date.....