



'Lifting the curtain to confidence'

Personal Information

Name Preferred Name

Address
.....
.....

Post Code

Date of Birth School.....

School Year (e.g Year 2).....

Parent/Guardian Name Relationship.....

Telephone Mobile

email

If you supply an e-mail address we will endeavour to e-mail letters to you to aid communication. If you do not wish to receive this service please tick the box.

Alternative Contact Name (in case of emergency):

Name

Relationship

Telephone

Mobile



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Medical Details

Doctors Name.....

Address.....

Telephone.....

Allergies/Sensitivities/Special Requirements

.....
.....

Dietary requirements and/or foods to avoid

.....
.....

Long term medication details and doses (such as Asthma Inhalers, Insulin Pens)

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.....

Any other information we should know should be provided here:

Please tell us how you heard about Curtain Up

Newspaper/ Magazine _____ (name) Word of mouth _____

Internet _____ Other _____

