

Medical Information
Hoylandswaine Owls Out of School Club

DOES YOUR CHILD HAVE ANY KNOWN MEDICAL PROBLEM OR TAKE REGULAR MEDICATION?	YES	NO
IF YES PLEASE GIVE DETAILS		
DOES YOUR CHILD SUFFER FROM ALLERGIES?	YES	NO
IF YES PLEASE GIVE DETAILS		
DOES YOUR CHILD HAVE ANY MAJOR PHOBIAS/ DISLIKES (CERTAIN FOODS OR MATERIALS)?	YES	NO
IF YES PLEASE GIVE DETAILS		

DO YOU GIVE PERMISSION FOR YOUR CHILD'S PHOTOGRAPH TO BE USED ON THE WEBSITE AND IN MARKETING MATERIAL ON BEHALF OF HOYLANDSWAINE OWLS OUT OF SCHOOL CLUB?	YES	NO
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FORM COMPLETED BY NAME.....

SIGNATURE

RELATION TO CHILD

DATE