

 *Lisa Mason School Of Dance* 

Please fill in/delete as appropriate

Pupil Name:

Date of Birth:

Age:

Address:

Parent/Guardian contact name:

Parent/Guardian contact number:

Emergency contact name:

Emergency contact number:

Other significant contact:

Email:

Medicines/Prescriptions:
(e.g. inhaler for Asthma)

Other numbers:

Other relevant medical conditions:

I/we will pick up our child from the dancing school:

Signed.....

Date.....