



STUDENT DETAILS FORM

The FLASH BANG Science Club - Workshops and classes.

Name of Child: _____

Name of Parent/Guardian: _____

Email: _____

Home Telephone No. _____ Mobile No. _____

Home Address: _____

Child's Date of Birth: _____ Current School: _____

Where did you hear about us? _____

Please provide name and contact details of one other person we can contact should you not be available in case of emergency.

Name: _____ Contact No. _____

Please provide name(s) of any other person(s) allowed to collect your child from our classes: _____

Please state if your child has any medical conditions / allergies or any other information that you feel we should be aware of: _____

Disclaimer:

I agree for The FLASH BANG Science Club tutors to administer first aid to my child/children if required in the event of an accident. Should it be necessary I also give The FLASH BANG Science Club tutors permission to transport or arrange transport to hospital if the injuries are of a more serious nature.

I have sighted the premises where classes and workshops takes place and feel confident that The FLASH BANG Science Club is providing a safe environment with good emergency procedures.

I confirm that my child has no life threatening conditions that I am aware of.

I agree for my child's work to be photographed and used for promotional use or display.

Parent / Guardian's signature: _____