STUDENT DETAILS FORM

The FLASH BANG Science Club - Workshops and classes.



Name of Child: _	
Name of Parent/Guard	ian:
Email:	
Home Telephone No	Mobile No.
Home Address:	
-	
Child's Date of Birth: _	Current School:
Where did you hear ab	out us?
Please provide name a you not be available in	nd contact details of one other person we can contact should case of emergency.
Name:	Contact No.
•) of any other person(s) allowed to collect your child from our
Please state if your	child has any medical conditions / allergies or any other
·	eel we should be aware of:
Disclaimer: I agree for The FLASI child/children if requir give The FLASH BANG transport to hospital if I have sighted the pr confident that The FLA good emergency proce	H BANG Science Club tutors to administer first aid to my ed in the event of an accident. Should it be necessary I also G Science Club tutors permission to transport or arrange the injuries are of a more serious nature. emises where classes and workshops takes place and feel ASH BANG Science Club is providing a safe environment with dures. 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:	
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