

ART HUB CONTACT FORM/MEDICAL QUESTIONNAIRE

Full Name of student.....

Date of birth.....

Address.....
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Postcode.....

Email of parent/guardian.....

Contact details in case of emergency:

Name of parent/guardian.....

Number of parent guardian.....

Emergency name and number in case of above being unobtainable.....

Name and address of your doctor:

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Medical information/ allergies that we at Art Hub should be aware of whilst in the care of the above student: (e.g. nut allergy/asthma etc.)

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Signed Parent/Guardian: