

Dacorum

Basic information details

Child's Surname:	Child's Forename:	Gender
Parents name:	Date of Birth:.....	
Address:		
.....		
Telephone number:		
Mobile number:.....		
Email:.....		
Address:		
Emergency Contact Telephone Number and Name:		
Relationship to the child:.....		
Medical Conditions:.....		
Medication:		
Allergies:		
School attending:		
Diagnosis of of sibling identified with special/additional need:		
Age of sibling:		
I consent to my son/daughter (name)having their photograph taken (this will not appear on anv websites) Signature		
date		

Please note a place on the group will not be secured until the form is received. Please return the form to

Christina Phillips
c/o Dacorum Family Services
Hobbshill wood school
Peascroft Road
Hemel Hempstead
Herts
HP3 8ER

More information is available on the website
www.hertsdirect.org/specialneeds

