

THE SIR HARRY SECOMBE TRUST
PERSONAL AND CONTACT DETAILS

NAME:	
ADDRESS:	
DATE OF BIRTH:	
EMAIL ADDRESS:	
YOUR MOBILE TEL:	
OTHER CONTACT DETAILS:	
ANY MEDICAL INFORMATION THAT WE SHOULD BE AWARE OF, including Autism, ADHD, statements:	
CAN WE ADMINISTER BASIC 1ST AID?	YES/NO
CAN WE FILM/PHOTOGRAPH YOUR CHILD AND USE FOR PROMOTIONAL MATERIAL?	YES/NO
ANY OTHER INFORMATION:	
SIGNATURE OF PARENT/GUARDIAN	DATE