

Application and Medical form

for **Essex Dance Theatre Summer School**

Child's Name

Age:

2nd child:

Age:

3rd child:

Age:

Address:

Home
phone no.

Work
phone no.

Mobile no.

Emergency
phone no.

COST

(includes craft money)

9.30am – 3.30pm

£100 per week for first child

£90 per week per additional family child

8.30am – 5.00pm

£110 per week for first child

£100 per week per additional family child

Payment must be sent together with the application form. Payment is non refundable

Weeks required	No. of places required	9.30am – 3.30pm £100/£90	8.30am – 5.00pm £110/£100	Total payment for week
23 July – 27 July 2018				£
30 July – 3 August 2018				£
6 August – 10 August 2018				£
13 August – 17 August 2018				£
			Total	

Please find enclosed cheque for total amount of £

Made payable to: **Essex County Council**. Please send self addressed envelope for confirmation.

Return to: Essex Dance Theatre, Essex County Dance Studios,
Dorset Avenue, Great Baddow, Chelmsford CM2 9UB

www.essexdancetheatre.co.uk



Essex County Council

Medical Details

for **Essex Dance Theatre Summer School**

Child's name:	<input type="text"/>	Date of birth	<input type="text"/>
2nd child:	<input type="text"/>	Date of birth	<input type="text"/>
3rd child:	<input type="text"/>	Date of birth	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Emergency phone no.s	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor's name:	<input type="text"/>		
Doctor's phone no.	<input type="text"/>		
Doctor's address:	<input type="text"/>		
	<input type="text"/>		

Please give as much information as you can. If they've had it, got it or something that looks like it, we need to know so that we can be prepared for any medical emergency. We will only share this information in such an emergency for the safety and wellbeing of your child.

Any childhood illness?

Any major injuries?
(broken bones, etc.)

Any medical conditions?
(skin or respiratory allergies, asthma, etc.)

Any regular medication?
(please give details)

Any worries or concerns?

We request your permission for our staff to act on your behalf in regard to your child's well being and safety.

Please sign to confirm you give your permission.

Name of parent/
guardian:

Signature of parent/
guardian:

Essex County Council handles information in accordance with the Freedom of Information Act 2000 and the Data Protection Act 1998 and is the data controller for the purposes of the Data Protection Act 1998. The information will only be used for the purpose of emergency contact during your child's time with us. Your personal information will be held on a database for the course length. It will be used to send you information about the following course. If you have any concerns about the way we handle personal information or would like to see any personal information held on you by Essex County Council please contact: Information, Essex County Council, PO Box 11, Chelmsford, CM1 1LX. 01245 431851, isis@essex.gov.uk