

MEDICAL DELCARATION

Child's First Name

Child's Surname

I confirm I have parental responsibility for my child named above and that they are fit and healthy to rehearse and perform in Fabulous Feet.

Any information that may be relevant

Confirm

I acknowledge the above information may be passed on to the Chaperones/Suitable Adults supervising my child.

Signed

Date

Print Name

Relationship to Child

Contact Number

Email address

Additional Contact Name

Relationship to child

Additional Contact Number