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Confidential Information & Emergency Consent

Child's Name		IDTA PIN No.
Date of Birth		
Parent/Carer/Guardian's Name		
Address		
Telephone Number		
Email address		
Doctors Name		
Doctors Address		
Doctors Telephone Number		
Please list any medical condition or allergies below:-		
Ethnic Origin:		
School attended:		

I
Hereby give permission for The Kim Academy of Dance to act on my behalf in giving permission for a general anaesthetic to be given to my child in the absence of the parent in an emergency.

For the above named child/young person should the need arise during any dancing activity with the Kim Academy of Dance.

Signed Parent/Carer/Guardian Date / /