Orchard Junior

Magicworld Theatre School

Academy of Theatre Arts



**Magicworld Medical Form – Easter 2013 Workshop**

**STUDENT DETAILS**

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Surname Forenames Sex M / F

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Age Academic School

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**Second Student Details – if applicable**

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Surname Forenames Sex M / F

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**PARENT OR GUARDIAN**

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Surname Forenames

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Relationship to Student

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**ALTERNATIVE/EMERGENCY CONTACT**

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Surname Forenames

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Relationship to student

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**MEDICAL**

**Are there any medical/health problems that we should be aware of for your child?**

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