



Medical Form

Child's full name: _____

D.O.B. _____

Allergies

Medical History/Relevant Information

Emergency Contact: (Relative or Friend)

Name:

Tel.:

Relationship to the child:



In case of an emergency, in the event that we cannot be contacted by phone, I, _____, hereby give my consent for LaughN'Learn to take my child to the nearest government clinic.

Parent name: _____

Parent Signature: _____

Home number: _____

Mobile number: _____

Date: _____

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