

Part B: TO BE RETAINED BY LONG MYND ARCHERS.	
Child's Name	Date of Birth
Parent/Legal Guardian's Name	Contact Telephone Number(s)
	Home
	Mobile
Full Postal Address	
Additional Emergency Contact Numbers	Any known Medical Conditions
Any Allergies to Medicines	Any special Medicines or Medical Equipment
The normal plan for the arrival/departure of my/our child(ren) will be:	
Any other Information you feel may be useful/necessary.	

I have read and understood the conditions in 'Part A' and agree to abide by them. I also understand that the information contained in the forms will be treated with the strictest confidence and will not be passed to any other body.

Signed: Parent/Legal Guardian
 Print : Date