

## Application to attend Why Don't You?... Club

This form must be completed and returned to Health Futures no later than 24 hours before the club date if you wish to attend our next Why Don't You?... Club.

### Child information:

Date of the club you wish to attend: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Current school: \_\_\_\_\_ Current year group: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Medication and dosage: \_\_\_\_\_

GP name: \_\_\_\_\_

GP surgery address: \_\_\_\_\_

GP telephone number: \_\_\_\_\_

Would you like to receive our fortnightly newsletter? Yes  No

Would you like to receive information about future events similar to this? Yes  No

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### Parental Information

This form must be signed by parents.

I consent to my child attending the Why Don't You? Club at Health Futures UTC on:

\_\_\_\_\_

and confirm that all of the information above is correct.

Parent signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Telephone number in case of emergency: \_\_\_\_\_

**Please return this form to our admin email account at: [admin@healthfuturesutc.co.uk](mailto:admin@healthfuturesutc.co.uk) or post/bring in to Health Futures UTC, 350 High Street, West Bromwich, B70 8DJ.**