

Access and medical requirement form

Please [email the completed form](#) to us or hand to your session leader at the beginning of your first class.

Personal details

Name

Do you/your child have any health issues, allergies or special educational needs that we should be aware of?

Yes

No

If yes, please specify:

Are you/your child currently on any medication that we should be aware of?

Yes

No

If yes, please specify:

Do you/your child require any additional support in order to access the sessions?

Yes

No

If yes, please specify:

Is there any other information that you would like the group leader to be aware of?

Signature of applicant (if over 18 years)

Signature of parent/guardian/carer
(if applicant under 18 years)
