

# MEDICAL HISTORY

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT NO: \_\_\_\_\_

Do you or have you ever suffered from the following

- 1. Epilepsy
- 2. Heart Disease
- 3. Eczema
- 4. Psoriasis
- 5. Asthma

Would you say your skin was:

- 1. Normal
- 2. Oily
- 3. Combination
- 4. Dry
- 5. Sensitive
- 6. Acne Prone

Have you ever suffered a reaction to any skin products (please give details)

\_\_\_\_\_

Are you currently using any medication on your skin (please give details)

\_\_\_\_\_

Do you suffer any other form of allergy (nuts etc)

\_\_\_\_\_

Names of Child \_\_\_\_\_ DOB \_\_\_\_\_ Tel No \_\_\_\_\_

I enclose the sum of £10.00 per child (please make cheques payable to JPS-Style)

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Your child's place will be confirmed once we have received payment.

No refunds will be given unless there are exceptional circumstances which are notified to us at least 72 hours before the workshops commence.

*Whilst every effort is made for the safety of your child JPS Style cannot be held responsible for any loss, injury or damage caused by or to that child.*