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| **Beau-Therapy & beau-babies Baby Massage Registration Form** | |
| Baby's Name: |  |
| Baby's DOB: |  |
| Baby’s Address: |  |
| Parents Name: |  |
| Parents Email: |  |
| Parents Contact Number: |  |
| GP Practice: |  |
| Health Visitor Team: |  |
| Emergency Contact Name: |  |
| Emergency Contact Number: |  |
| Medical Details (e.g. allergies, skin conditions) |  |
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|  |  |
| Is baby currently taking medication? |  |
| (If yes, please advise) |  |
| Baby's skin type? Dry/ Normal/ Sensitive |  |
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| Does baby have any ongoing health issues that we should be made aware of?  If yes, please seek some advice from a health professional before you arrange your baby massage session | |
| I have sought advice from my baby's health professional and it is ok to attend baby massage:  Yes  Initials: | |
| GDPR: Do you consent to Beau-Therapy & beau-babies storing the information you have submitted on this registration form?  Yes  Initials: | |
| Parent's Name: |  |
| Parent's Signature: |  |
| Date: |  |
|  | |
| **OFFICE USE ONLY** | |
| Registration complete: | (DD/MM/YY) |
| Health professional advice sought: |  |
| Deposit to secure booking paid: |  |
| Weekly payments @ £10 **YES/ NO** | Course paid in full @ £45 **YES/ NO** |
| Course approved to commence: | (DD/MM/YY) |
| Patch test to take place on week 1: | (DD/MM/YY) |
| Instructor Name: | Gemma Hussain |
| Instructor Signature: |  |
| Baby massage unique booking number: | BTbb/GH/ |
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