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		<b>.</b>		



## Parent/Guardian's Details

Name	
Email	
Phone	
Address	

## Would you like to keep in touch with HHCC?

My preference to hear from HHCC are (tick all that apply):

P

×	
	Er



## Your Childs Details

Name	
Age	

Please return your letter to the below address or post it in our festive post box in the main entrance of Harrogate District Hospital





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