**Out of School Club Registration Form - Confidential**

Please complete one form for every child. Children will not be admitted unless a form has been completed. By registering parents/carers are deemed to accept the Clubs’ Terms and Conditions which are set on the website and available from the school office.

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| **Pupil’s Details** |
| Child’s Forename |  | Sex: | Boy / Girl |
| Child’s Surname |  | Date of Birth: |  |
| Address: |  |
| **Emergency Contacts** |
| **Contact 1.** Name |  | Relationship  |  |
| Daytime Contact No. |  | Alternative Contact No. |  |
| **Contact 2.** Name |  | Relationship  |  |
| Daytime Contact No. |  | Alternative Contact No. |  |
| **Medical Information** |
| Family Doctor |  | Tel. No. |  |
| Address |  |
| Health Visitor |  | Tel. No |  |
| Date of last Tetanus Injection |  |
| Does your child suffer from Asthma?If yes, could you please leave an inhaler in the club clearly labelled with your child’s name. | Yes / No |
| Does your child have a nut allergy? If yes, could you please provide the club with an Epipen for your child. | Yes / No |
| Does your child need any other medical conditions of which you wish the club to be aware? If yes, give details: | Yes / No |
| Does your child have any specific needs, e.g. vegetarian, eats no pork: |
| Does your child have special needs that you would like to discuss with us in advance? | Yes / No |
| **Permissions** |
| I / We give permission for my child’s work to be photocopied or use within and outside of club. | Yes / No |
| I / We give permission for my child to be photographed during club and appear within school or on our web-site (please delete as appropriate): | Yes / No |
| I / We give permission for my/our child to be photographed during club activities and appear outside of school, e.g. newspapers (please delete as appropriate): | Yes / No |

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| **Authorisations** |
| I hereby authorise the following persons to collect my child from club: |
| Name | Relationship to child | 1st Contact No. | 2nd Contact No. |
| 1. |  |  |  |
| 2. |  |  |  |

Parent(s)/Carer(s) must notify OoS of any changes to the information provided on this form.

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| Signature  | Date  |
| Name | Relationship |