



Children's Record of Information

Child's full name		
Home Address	Date of Birth	
	Postcode	

Parent/Guardian

Home phone Tel:	
Place of work Tel:	
Emergency Contact	
Name	
Child's Doctor	

Does your Child have any allergies or medical conditions? Please include face paints, creams and plasters

Written permission is required to administer any medication all medication must be in original container and labelled clearly with instructions. Does your child have any additional needs? Yes/No please give details overleaf.

For safety reasons we require a password children will only be released to a familiar adult who knows the password. My password is

Permissions.

Date	signed
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I give consent to photos being taken of my child and being displayed in the club.

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I understand and give permission for my child to go on trips eg to the park.

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I understand that certain activities such as face painting, hair braiding, applying sun cream, first aid require an element of adult touch. Staff may also give:

Comfort and security to a child that is frightened, stressed or injured.

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I have read and understand the terms and conditions relating to late pick up fees,

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Cancellations and non-attendance.

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I consent to any emergency medical treatment necessary during the running of the club and authorise the staff to sign any form of consent required by medical staff if a delay in getting my signature could endanger my child's health and safety.

Signed	Date
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