

Emergency Contact 1 _____

Emergency Contact 2 _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

Telephone Number _____

Telephone Number _____

Mobile Number _____

Mobile Number _____

Child's Doctor's Name _____

Practice Address _____

Child's Medical History _____

Is your child receiving medical treatment at the moment? YES NO

If YES please give details _____

Does your child suffer from any recurrent illnesses? YES NO

If YES please give details _____

Child's allergies _____

Special dietary requirements _____

I hereby give my consent for _____ (child's full name) to be taken to the nearest appropriate hospital to receive emergency treatment if he/she is injured or becomes unwell whilst at before & after school club. Every effort will be made to contact the parent/carer in this instance.

Signed _____ Date _____

Please print name _____

I DO/ DO NOT give permission for _____ to be photographed. The photographs will be used in school and on the school website