

**THIS MUST BE COMPLETED IN FULL BEFORE ATTENDING & HANDED IN ON THE FIRST DAY.**

**ADMISSION FORM**

Child's Name:			
Date of Birth:		Gender:	M / F
School Attended:		Ethnicity:	
Religion (if any):		Languages spoken:	
Name of Parents/ Carer:			
Address:			Post Code
	:		
Parent/Carer contact Number:	Home:	Mobile:	
Parent/Carer email address:			
Parents/Carers place of work:			
Emergency contact details:	Name: Relationship to child: Contact numbers:		
Name of People authorised to collect your child (including contact numbers):			
Any other relevant medical information (ie: allergies, family medical history etc):			
Name/Type of medication:		Dosage:	

Details of any significant issues (e.g special needs, physical disabilities, behavioural problems or mental health problems):

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Details of any allergies or any special dietary requirements.

Do you consent for members of staff at the club to apply sun cream to your child in hot conditions? **Yes / No**

Do you consent for your child to have his/her photo taken with possibility of it being on our website photos page? **Yes / No**

Does your child have up to date immunisation record? (Injections etc) **Yes / No**

Please provide your child's mobile number in the box below if they are in **YOUTH** group (age 12-16 years). This is to ensure your child's safety if they are out at lunch time or if they travel home independently. Without their number, they will not be permitted to go out at lunch time.

Youth mobile number:

Please tick the days you wish your child to take attend

Tuesday 9th \_\_\_ Wednesday 10th \_\_\_ Thursday 11th \_\_\_  
Tuesday 16<sup>th</sup> \_\_\_ Wednesday 17<sup>th</sup> \_\_\_ Thursday 18<sup>th</sup> \_\_\_ April 2019

I hereby consent for my child to take up a place at this play-scheme, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself, and the play scheme and agree to abide by them.

I hereby consent to the Co-ordinator, or a delegated member of staff, administering the above medication according to the details given here and any other relevant medical advice.

In the event that my child requires immediate medical treatment before I will be able to get to the hospital, I hereby authorise the co-ordinator, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

**Signature of Parent/  
Carer:**

**Date:**

Members of staff at the play-scheme will not be able to administer medication to your child if you do not complete and return this form. Under no circumstances will members of staff administer medication against the will of a child.