

Emergency Medical Treatment Form

Child's Name:

Date of Birth:

Doctor's Name:

Doctor's Address:

Doctor's Telephone Number:

Any other relevant medical information (ie: Allergies, family medical history etc):

Parents/Carers Name:

Address:

Emergency Contact Number:

In the event that my child is involved in a serious incident while at the club, I expect the Manager, or a delegated member of staff, to contact me immediately on the above emergency contact number.

I hereby authorise the Manager, or a delegated member of staff, to seek emergency medical advice or treatment if necessary.

Signature of Parent/Carer:

Date:

Admissions Form

Child's Full Name:

Name to be used at the Club:

Date of Birth:

Gender:

School Attended:

Ethnicity:

Religion (if any):

Languages Spoken:

Names of Parents/Carers:

Home Address:

Telephone Number:

Mobile Number:

Parents/Carers Place of Work:

Parents/Carers Daytime Telephone Number:

Other Emergency Contact Details:

Names of Persons Authorised to collect your child (including contact numbers):

Doctor's Name:

Doctor's Address/Telephone Number:

Health Visitors Name (if applicable):

Health Visitors Address/Telephone Number (if applicable):

Details of any Significant Health Issues (including a special educational needs and/or physical disabilities statement):

Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences:

Are your child/rens immunisations up to date?

Do you consent for your child to have sun cream applied at the club in hot conditions by themselves or a member of staff?

Yes/No

Any Other Relevant Information:

I hereby consent for my child to take up a place at this Club, 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 Club, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the Club

I give my permission for my child to ride on the transport or to walk under adult supervision to/from the Club using guidelines specified in Arrivals and Departure policy.

I confirm that the information given above is correct, and I promise to contact the Manager as soon as any of the details change.

Signature of Parent/Carer:

Date:

If you have any questions or comments please get in touch with the Manager.