



WHITEHOUSE KIDZ CLUB REGISTRATION FORM CONFIDENTIAL

Please complete **ALL** sections of this form in **BLOCK CAPITALS** and return it to kidzclub@whitehouseprimary.co.uk or the school office.

Surname of Child: Date of Birth:

First Name: Middle Name:

Address:

Postcode: Home Tel:.....

First Language used in the home: Male or Female:

PARENT/CARER DETAILS

Mother's Full Name (Mrs/Miss/Ms): Legal responsibility Yes/No

Address (if different from child's):

.....

Contact Tel Number: Email Address:.....

Father's Full Name: Legal responsibility Yes/No

Address (if different from child's):

.....

Contact Tel Number: Email Address:.....

I agree to keep my child's personal and medical information, including emergency contact number's up to date during their time at Kidz Club

PARENTAL CONSENT

Throughout their time at Kidz Club, your child will be invited to take part in **all activities**. In order to comply with the Health and Safety legislation, please can you complete the parental/carer form below.

PERMISSION'S REQUIRED

We like to share our children's achievements on our School Website, You Tube, Twitter, Local Newspaper and for school promotional materials. In accordance with the Children's Act 1989/2004 for video and photographic images of your child we require your permission together with permission to view PG TV/DVD'S.

Videos & Photos Yes No

PG TV/FILMS Yes No

MEDICAL INFORMATION

Does your child have a medical condition:- Yes No

Does your child have any allergies:- Yes No

Does your child have an Epi Pen:- Yes No

Is your child taking regular medication that would need to be administered during Kidz Club:- Yes No

Does your child have any dietary requirements Yes No

Does your child have any other additional needs that You feel we should be aware of Yes No

Please advise if there is any activities that you do not want your child to take part in such as face painting, cooking, internet access, bouncy castles etc. (all activities are fully supervised)

If yes to any of the above please specify.....

.....

.....

.....

Does your child have an inhaler?

Yes

No

I confirm that my child has been prescribed an inhaler for Asthma, or as a reliever for another medical condition

I authorise the Matron/First Aider of Kidz Club to administer the School's Emergency Salbutamol Inhaler to my child should their inhaler become unavailable during the school day or outside of school hours.

As well as minor first aid assistance should my child need it whilst in Kidz Club care.

Yes

No

MEDICAL CONSENT DECLARATION

I agree to my son/daughter

Receiving medical treatment including emergency medical treatment as considered by the Medical Authorities.

- | | | |
|-----------------------------|---------------------------|--------------------------|
| • Operations | Yes <input type="radio"/> | No <input type="radio"/> |
| • Anesthetic | Yes <input type="radio"/> | No <input type="radio"/> |
| • Blood Transfusions | Yes <input type="radio"/> | No <input type="radio"/> |

Name of Doctor's Surgery _____

Doctor's Address _____

Signed: _____ Print Name: _____

Date _____

COLLECTION OF YOUR CHILD & EMERGENCY CONTACT NUMBERS

Please provide the names of any **additional** adults who have authorisation to collect your child.
(Anyone under the age of 16 must have written consent on behalf of the Parent/Carer to collect your child)

It is extremely important that we are able to contact you during the day should there be a problem with your child. Please give details of the people whom you wish to be contacted. Ideally this should be both parents plus at least one other person,

<p>1st Contact</p> <p>(Mr/Mrs/Miss/Ms).....</p> <p>Surname.....</p> <p>Forename.....</p> <p>Relationship to child.....</p> <p>Parental Responsibility YES NO</p> <p>Mobile.....</p> <p>Work.....</p> <p>Home.....</p>	<p>2nd Contact</p> <p>(Mr/Mrs/Miss/Ms).....</p> <p>Surname.....</p> <p>Forename.....</p> <p>Relationship to child.....</p> <p>Parental Responsibility YES NO</p> <p>Mobile.....</p> <p>Work.....</p> <p>Home.....</p>
<p>3rd Contact</p> <p>(Mr/Mrs/Miss/Ms).....</p> <p>Surname.....</p> <p>Forename.....</p> <p>Relationship to child.....</p> <p>Parental Responsibility YES NO</p> <p>Mobile.....</p> <p>Work.....</p> <p>Home.....</p>	<p>4th Contact</p> <p>(Mr/Mrs/Miss/Ms).....</p> <p>Surname.....</p> <p>Forename.....</p> <p>Relationship to child.....</p> <p>Parental Responsibility YES NO</p> <p>Mobile.....</p> <p>Work.....</p> <p>Home.....</p>