

**Whittaker Moss Primary School
Before and After School Club**



Child

Full name of child	School	Date of birth

Address

Home phone	Post code

Ethnic origin/religion

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Parents /Carers/ Parental Responsibility

Full name	Relationship to child	Day time/work tel no.

Other people authorised to collect

Full name	Relationship to child	Tel no.

Emergency contact (in case parent cannot be contacted)

Full name	Relationship to child	Tel no.
1		
Address		
2		
Address		

Doctor

Name	Surgery	Tel no.

Please indicate which days you require

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

Whittaker Moss Primary School

Before and After School Club



Please let us know your child's needs, in order that they can have fun and participate in the activities (e.g. any allergies, disability, medical, religious and dietary needs) Please indicate whether your child has an ongoing condition such as asthma and whether they carry medication or inhalers.

Additional consents:

Please tick:

I give consent for my child to partake in face painting.	
I give consent for my child's photograph, video or image to be used if required, in displays or publicity.	
I give consent for my child to partake in The Club competitions.	
I give consent for my child to partake in cleaning their teeth at the breakfast session as part of our Golden Grin Award.	
I give consent for my child to be observed by his/her key worker as part of The EYFS [reception children only.]	

Please note, that due to allergies, that if sun protection is required for the child then this should be provided by the parent [please make sure your child's name is on the bottle]

Contract for parents/carers to sign:

The details set out in the information leaflet constitute the contract.

The leaflet contains details about:

The EYFS [observations]

Operating times and fees

Aims and objectives

Registration procedures

Notification of absence

Behavior management

Special needs

Equal opportunities

Health and safety

Accidents and first aid

Parental/carers involvement

Child protection

Confidentiality

Complaints procedures

Contact names and numbers

These details and any amendments or announcements will be sent out by letters. If you require any additional information the staff will be pleased to help.

Once your child has been offered a place and attends the club, it is deemed that all parties have read and understood and agreed to abide by all the policies and procedures as outlined. This forms a contract.

I agree to the conditions set out in the contract and to the additional consents ticked above

Signed	Name	date

For the club

Signed	Name	date

*Whittaker Moss Primary School
Before and After School Club*



Parental permission form for emergency treatment

In order that your child receives the best and most appropriate, care, attention and treatment, if an emergency arises in our provision, you need to complete, sign and date the declaration bellow.

Full name of child _____

Date of birth _____

Name of parent/guardian 1. _____

Name of parent/guardian 2. _____

Please complete, sign and date the following declaration

DECLARATION FOR EMERGENCIES

I consent to basic first aid treatment being administered by
a first aid qualified member of staff

Yes

No

I agree that the club leader in the provision (or member of staff in charge)
takes the necessary steps to ensure that my child

(name) _____

receives the best and most appropriate care, attention and treatment should
there be an emergency in the provision or whilst my child is on an authorised
outing.

I understand that the club leader (or deputy) will make every effort to
inform me of any emergency or accident as soon as possible after the event
but that they may have to accompany my child _____

(name) to hospital in the case of a serious accident in my absence.

I give permission for the club leader in charge (or member of staff in charge) to authorise hospital staff to administer essential treatment until my arrival

Signed parent/guardian 1. _____

date

Signed parent/guardian 2 _____

Date

If you do not agree with any of the above declaration, please do not sign it but make your views known in the space below. The Manager will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the declaration and would prefer the following to be followed for my child _____ (name)

In the event of an emergency

Signed by parent/guardian 1. _____

Signed by parent/guardian 2. _____