Happy Campers After School Club Contact Form

Please note that Ofsted require us to obtain these details and they will only be seen by those authorized to do so. They will be stored securely according to our Data Protection Policy.

PLEASE USE CAPITALS.

Childs Full Name Date of Birth Class

1) ....

2) ....

Home Address

.....

.....

Home Telephone Number.....

Mother's Name ..... Father's Name .....

Mother's mobile number ..... Father's mobile number .....

Password:.....(to be used if parents/carers are unable to collect child/ren)

Emergency Contact Details

1) Name ..... Telephone Number .....

2) Name ..... Telephone Number .....

3) Name ..... Telephone Number .....

Is there any other information that would be useful for us to know, so that we can best meet your child/ren's needs?

.....

.....

.....

We consent to our child/ren.....

Receiving medical treatment in an emergency	Yes / No
Using the Internet	Yes / No
Being photographed	Yes / No

Membership Agreement

I understand and agree to the terms and conditions, and all policies listed in the Happy Campers After School Club handbook for parents and carers (a copy of which has been given to me).

Parent/carers name..... Signature.....

Date.....

Happy Campers After School Club

Medical Information Form

Child's Medical Number if known .....

Doctor's Name and Phone Number .....

Doctor's Address .....
.....

Are all immunisations up to date .....
.....
.....
.....

Any other relevant medical information (i.e. Allergies, Family medical history etc)
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In the event that my child is involved in a serious accident while at the club, I expect club leader, or assistant club leader, to contact me immediately on the above emergency number.

In the event that my child requires immediate treatment before I will be able to get to the hospital, I hereby authorise the club leader, or assistant club leader, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the club leader to withdraw it.

Signature of Parent/Carer ..... Date .....