

Oakthorpe Primary School After School Club Registration and Consent Form 2021

Child's Name:		Class:
Date of Birth:	Age:	
Parent/Carer's Name:	Phone number:	
Parent/Carer's Name:	Phone number:	
Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, list here:	
Does your child have any medical or other additional needs Yes <input type="checkbox"/> No <input type="checkbox"/>	If so list here:	
List any food that your child cannot eat for religious or dietary reasons:		
List here any long term medication your child is taking:		
<p>Parental agreement:</p> <ul style="list-style-type: none"> • I am aware the latest collection time for the After School Club is 6 pm. • I understand that there is a penalty charges are payable for late collection • I agree that my child/children will abide by the school rules and behaviour policy whilst attending the club. • I understand that all booked sessions are to be paid for even if my child/children do not attend. • No refunds will be given <p>Emergency Treatment Consent</p> <ul style="list-style-type: none"> • I consent to any emergency medical treatment for my child during the sessions. • I authorise a member of staff from the After School Club to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety. <p>However, a member of the After School Club will make every effort to contact the child's parent to obtain consent for any treatment required.</p> <p>After School Club – Collection of Children</p> <ul style="list-style-type: none"> • I give permission for the following adults to collect my child from After School Club if I am not able to do so: (please insert their full name(s)) <p>(1).....</p> <p>(2).....</p> <p>(3).....</p> <p>I will inform the school if any of these arrangements change.</p> <p>Parent/Carer signature _____ Date _____</p>		