

CHILDREN/S NAME/S.....

CONSENT FORM - Do you give permission:-

| | YES | NO |
|--|-----|----|
| for us to take your child/ren outside the school premises for local walks? | | |
| for us to take photographs of your child/ren during the Holiday Club for displays and internal publicity? | | |
| for us to use these photographs on the school website and information leaflets? | | |
| for your child/ren to watch videos with a PG rating whilst at Holiday Club? | | |
| for your child/ren to have their face painted whilst at Holiday Club? Using paints such as those sold in ELC | | |

My child/ren will usually be brought:

by.....(name) and collected by * (name)

If you are not collecting your child yourself, please nominate a password and ensure that the person collecting your child is made aware of it. Thank you.

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|--------------------------|
| Password: |
|--------------------------|

** Is this person between 14 - 16 years of age? If so, please contact the office for the procedure to follow.*

NB Year 3 & 4 Children must be collected by a nominated person.

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| Year 5 & 6 Only I give permission for my child to walk home unaccompanied (signature required) |
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Additional information about your child/ren you would like staff to be aware of.....

INFORMATION ABOUT YOUR CHILD/CHILDREN

Child/ren's address: Post Code.....

1st child Date of birth.....

Known allergies/medical conditions.....

Special Dietary Requirements.....

2nd child Date of birth.....

Known allergies/medical conditions.....

Special Dietary Requirements.....

3rd child Date of birth.....

Known allergies/medical conditions.....

Special Dietary Requirements.....

EMERGENCY CONTACT DETAILS

Parent/carer name..... Contact tel No.....

Alternative telephone No..... Mobile No.....

Child's Doctors name..... Doctors tel No.....

Please give details of any other persons who can be contacted:

Name..... Relationship to child/children..... Telephone No.....

EMERGENCY TREATMENT CONSENT

As parent/carer of (child/ren's name)

I give permission for my child/children to receive emergency treatment if necessary whilst in the care of "SC Kids Holiday Club".
I understand that staff will, if possible, have tried to contact me prior to this action.

Name of Parent/carer..... Signature..... Date.....