

The Wacky Club
Shelford After-school and Holiday Play-scheme
Confidential Information

Child's Full Name.....

What they like to be called.....

Date of Birth

Please mark if EYFS Child (in Reception Class, until 5th Birthday) Yes/No

Address.....

.....

.....Post Code.....

Does the child have any known allergies or major dislikes (e.g. certain foods or materials)? If yes, please give details.

.....

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Does the child have any medical problems (E.g. asthma)? If yes, please give details.....

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.....

Does the child have any special needs, or is there any other special information you want to give?

.....

.....

Please detail any dietary requirements for your child:

.....

Doctor's Name and Address.....

.....

.....

Telephone Number.....

I am aware that The Wacky Club has a duty to report suspected child abuse or neglect

Yes No

I give permission for The Wacky Club to seek any necessary emergency medical advice or treatment in the event of my child being involved in a serious accident. I expect to be contacted immediately.

Yes No

Please note that play workers can only administer prescribed medication.

PTO

Data Protection: This information will be used by the Wacky Club for the purposes of the club only and will not be passed on to any third party.

I give permission for a trained member of staff to administer first aid as appropriate during the session.

Yes No

I give permission for the Wacky club staff to take my child on walks locally as part of the session planning. (Notices will be provided on the day)

Yes No

I give permission for photographs of my child to be held and displayed for club use only.

Yes No

I give permission for The Wacky Club to share information with other professionals as appropriate

Yes No

I confirm that the information given on all forms is correct and I agree to notify the club staff of any changes.

Signed Date

Optional additional information

Gender Ethnicity

First language Religion