



**After School Care for St Mary's Pupils at Edgeborough  
Registration Form - Confidential**

Please complete and ensure that you have signed the Consent Declaration. Please return to Edgeborough before your child starts at After School Care to assist us in the event of an emergency.

Child's Name		Date of Birth	
Parent Name			
Address:			
Postcode		Home Phone No.	
Mother's Mobile		Father's Mobile	
Mother's Work No.		Father's Work No.	
Main Contact Email Address			
Doctor's Name & Phone No.		Child's NHS No.	

**Alternative Emergency Contacts/ Authorised to Collect**

Contact 1 Name		Contact 2 Name	
Relationship to child		Relationship to child	
Home Tel		Home Tel	
Mobile		Mobile	

**Medical Information**

Does your child have a condition requiring medical treatment or special arrangements ? *			
Asthma		Diabetes	
Other chronic illness/ disability			


*\* If you have answered YES to any of the above, we may request a consultation with Matron*

Immunisation History – Please give the date of last immunisation					
MMR		Meningitis C		Tetanus	

We keep supplies of non-prescriptive medications in the Surgery. Please indicate which, if any, of the following you are happy for the attending Staff to administer to your child. **This only applies in the event that a parent/guardian cannot be reached in the case of an emergency.**

Please tick if you ARE happy for us to administer: **(Please ensure that you sign the Consent section at the end of the document)**

Paracetamol (Calpol)		Ibuprofen (Nurofen, Calprofen)		Chlorphenamine (Piriton)	
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<b>After School Care for St Mary's Pupils Allergies &amp; Diet Form</b>		Name
cc Catering Department		Date of Birth

1. Is your child **allergic** to any **drug** or **medication**?  
(Please tick the relevant box.)

 Yes

 No

If **YES** please give details below:


2. Please list any foods to which your child has a **clinically diagnosed allergic reaction** . **Please provide a copy of the diet recommended by your medical practitioner.** In extreme cases, it is very useful for us to have a photograph of your child and it may be beneficial to arrange a meeting with Matron to discuss your child's medical history and specific dietary requirements.


3. If your child requires a special diet please indicate the reason: Medical /Religious / Ethical

Please indicate type of diet and give details below:

Vegetarian / Coeliac / Nut Allergy / Other


4. Please use the space below to give any additional information relating to your child's family history that may be important for the supervising staff and Matron to know. All information will be treated as confidential.


**CONSENT**

I have read and agree to the Terms & Conditions of the After School Care for St Mary's Pupils at Edgeborough.

I **do/ do not** authorise Matron or attending member of Staff to administer medication to my child when required. *(Please delete where applicable and sign)*

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_