

Cottesbrooke Kids' Club

Child's Record Sheet and Consent Form

Full name of child:

Class:

Date of birth:

Name by which child is known (if different from above)

Name of the person with parental responsibility.

Address

Contact numbers:

Home: Mother..... Father.....

Work: Mother..... Father.....

Mobile: Mother..... Father.....

Names of those (other than parents/guardians) authorised to pick up your child.....

Password.....

Please give two other emergency contacts in case you are unavailable

1) Name..... Home no.....

Mobile no.....

2) Name..... Home no.....

Mobile no.....

Details of your child's doctor:

Name:

Address:

Telephone No.

I give permission for plasters to be put on a wound

Yes No
(please circle one)

Do you consent to your child having face painted at the club?

Yes No
(please circle one)

Do you give consent for your child to have Mendi at club?

Yes No
(please circle one)

From time to time the children may be taken on short outings to the library, park or shopping. It would be a great help to us if you would sign the consent below giving us permission to do so.

I give permission for my child to be taken on short supervised visits from time to time in the local vicinity.

Signed.....The person with parental responsibility.

Please specify if your child has allergies. Please give as much information as possible e.g. what triggers the allergy, symptoms, severity and treatment to be given.

Does your child have any special needs? Please specify.

Does your child have any dietary needs e.g. vegetarian/vegan? Please specify.

Please give us any other information that will help ensure that your child is properly cared for

Signature of The Person with Parental Responsibility

Date