

FEBRUARY 2019 PLAYScheme PROFORMA

CHILD'S DETAILS	EMERGENCY CONTACT DETAILS	ALLERGIES / MEDICATION
Name: Address: Home Tel No: Date of Birth: Religion: Ethnicity:	Pls give details of people to contact in an emergency: 1. 2.	Does your child have any allergies? YES/NO (If Yes please give details): Special Dietary Information: Is your child on any medication? YES/NO (If Yes please give full details): If medication to be given at club please give time and dosage:
LIKES / DISLIKES	WHAT WOULD YOU LIKE YOUR CHILD TO GAIN FROM ATTENDING THE CLUB	PERMISSIONS
Likes: Dislikes:		Splashpool <input type="checkbox"/> Yes <input type="checkbox"/> No Trampoline <input type="checkbox"/> Yes <input type="checkbox"/> No

IN THE EVENT OF AN EMERGENCY I GIVE PERMISSION FOR STAFF TO ADMINISTER FIRST AID AND/OR CONTACT THE EMERGENCY SERVICES AS APPROPRIATE.

.....Signed Parent/Carer

..... Dated

I GIVE / I DO NOT GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE TAKEN WHILST AT THE PLAYScheme AND USED FOR HATTON SCHOOL DISPLAYS AND ON THE HATTON SCHOOL WEBSITE (PLEASE DELETE AS APPROPRIATE)

.....Signed Parent/Carer

..... Dated