

Information Sheet and Consent Form

Please complete ALL sections of this form and return it to a member of staff.



Child's Full Name

Date of Birth

@ Swansfield Park Primary School

1 Parent/Carer

Name

Relationship to Child

Full Address

Postcode

Home Telephone Number

Mobile Number

Place of Work

Work Telephone Number

Email Address

2 Parent/Carer

Name

Relationship to Child

Full Address

Postcode

Home Telephone Number

Mobile Number

Place of Work

Work Telephone Number

Email Address

PLEASE AUTHORISE ANOTHER ADULT TO COLLECT YOUR CHILD IN AN EMERGENCY IF YOU CANNOT BE CONTACTED.

Name and Address of any person collecting child if different from above.

Name

Address

Postcode

Doctor

Name

Address

Telephone Number

Is there any further information about your child that would be useful to us? For example **MEDICAL NEEDS, DIETARY NEEDS, ALLERGIES, FEARS, ETC.**

Only Medication Prescribed by a Doctor and for which we have a Completed Consent Form may be administered by the Club Staff.

I do/do not give permission for the use of medi-wipes to treat grazes and cuts to my child/ren.

I do/do not give permission for Hypo-allergenic plasters to be used on my child/ren.

Signed

Date

I am satisfied with the details supplied about the Tic Toc Club. I agree to my child/ren taking part in routine activities that may involve short visits or trips. Consent forms will be issued at the time of each trip, visit, etc.

I do/do not give my permission for my child to have their photograph taken at Tic Toc.

Signed

Date

I consent to any emergency treatment deemed necessary during the running of the Club. I authorise the Tic Toc staff to sign any written form of consent required by Hospital Authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Signed

Date

Please return this form to the Club along with a recent photograph of your child. There is £10 administration charge payable when registering for the first time

Thank you