SUMMER 2017 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** ☐ **Yes** ☐ **No** **Trampoline** ☐ **Yes** ☐ **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

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