

Child's full name _____ Class _____

Date of birth _____

Parent/ Guardian Details

First Name: _____

Last Name: _____

Address: _____

Signed _____ Parent/Legal Guardian

Address
.....

Emergency contact numbers

Home *

Work *

Mobile *

Other *

*** Please indicate the name of the person and the relationship to your child**

Diet Sheet

Child's Name _____

Class _____

Medical, ethical or religious needs can be catered for but not individual 'likes and dislikes'. Sorry!

My child has the following dietary needs - please tick any statement that applies to your child.

Vegetarian	
Cannot eat fish	
Cannot have dairy products	
Cannot eat beef	
Cannot eat red meat	
Can only eat halal meat	

There is no pork on the menu.

Any other specific problems - please give details:

Signed _____ parent/guardian

Whitehall Junior School

Medical Information and Medical Consent Form

Child's Name _____

Class _____

Doctor's Name _____

Doctor's Tel. _____

Enter below all relevant information concerning your child's health. This is vitally important for insurance purposes as well as for the child since failure to disclose a known medical condition could invalidate insurance.

My child suffers from Asthma and I will ensure that my child has the correct inhalers with them. **YES/NO**

Name of inhaler/s

When required

Please include full details of **all** medical conditions including bedwetting, diabetes, hay fever - or other allergies, travel sickness, sleep walking etc.

.....

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MEDICINES :If your child is likely to need any medicines, it is vital that you complete this section and send a carefully labelled supply of such medicines. This **INCLUDES** all regular treatment **AND** any medicines to cover occasional incidents such as headaches, travel sickness, etc.

I give permission for the staff of Whitehall Junior School to administer the medicines listed below.

Name of medication _____

Dosage

Approximate time to be administered

I understand that members of staff will make every endeavour to comply with my wishes, but there may be circumstances that prevent them from carrying out my wishes.

Signed _____ Parent/Legal Guardian.

FIRST AID TREATMENT We will be taking the usual first aid items with us for treating minor injuries. We will be taking bite/sting spray or cream for treating stings. Please complete and sign the below if you wish us to use bite/sting spray or cream to treat your child with.

I do/do not give permission for bite/sting spray or cream to be used on my child if necessary.

Signed _____ Parent/Legal Guardian.

Should your child need further medical attention we will call out a doctor. If more serious attention were needed he/she would be taken to the nearest General Hospital. You would be notified immediately.

I consent to my child attending this club. I understand that the club has policies and procedures and there are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them I understand that failure to do so will mean that my child will no longer be able to attend the club.

I understand that my child will be provided with a snack and drink at the club unless otherwise requested.

Once my child is delivered/ collected for breakfast/after school club he/she will be in the care of the staff until collected and signed out by a "named" responsible adult.

I will inform the school office if my child will not be attending the club on a day that he/she is booked into the club.

I will promptly pay for sessions even when my child does not attend. Absence due to sickness will not be refunded.

I accept that whilst at the club my child may get involved in messy activities.

I consent to the school storing my child's information under the Data Protection Policy in accordance with GDPR 2018.

Terms and Conditions

Payment will be made via Eduspot in advance, where I have not booked made payment in advance I understand that the cost per session for either Breakfast Club or After-School Club will be greater.

I understand that persistent late or non-payment of fees may jeopardise my child's place.

If my child is not collected by 6.00pm I will pay a charge of £50.00 to cover the costs of the two staff legally required to stay.

If my child remains at 6.30pm, after doing everything possible to contact parents and emergency contacts Then I understand that the after-school club staff will be legally required to contact Social Care.

I understand that staff cannot be responsible for lost or stolen items

I understand that should there be any incidents at either the breakfast club or after school involving my child, I will be informed of the situation.

I understand that the school's and club's policies will apply to both breakfast and after-school clubs.

I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with child protection policy.

Where the club has endorsed my claim for Childcare Tax Credit I understand that I am legally obliged to notify the Inland Revenue if I cease to use the service during the period of my claim.

I confirm that the information given on the form is correct and agree to notify the club of any changes in detail.

I have read and, in signing this form, accept the above conditions for my child attending the breakfast/after school club.

Breakfast & After school clubs reserve the right to exclude any child whose behaviour is deemed disruptive and prevents them from providing a safe, stimulating and happy environment for other children. This option will only be used in extreme circumstances and as a last resort after extensive consultation with parents/guardians and the child concerned.

Prices

If booked in advance via Eduspot

Breakfast Club £4.00

Please print name.....

Signature of Parent/ Carer.....
Date:

All information will be kept confidential in line with our Data Protection Policy and our Privacy Notice