

# RAINOW AFTER SCHOOL CLUB - REGISTRATION FORM

Name of child.....Date of birth...../...../.....

Mother's name.....Home Tel.....

Place of work.....Work Tel.....

Father's name.....Home Tel.....

Place of work.....Work Tel.....

Name(s) of person(s) authorised to collect child.....

## Further contacts in case of emergency (Please give two)

Name.....Relationship.....Tel.....

Name.....Relationship.....Tel.....

Doctor's name and address.....

.....Tel.....

## Does your child suffer from any allergies?

Yes		No	
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If so, please give details.....

## Does your child suffer from any condition that you feel we should know about?

Yes		No	
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If so, please give details.....

**General Consent for medical treatment**

I consent to any medical treatment necessary during the running of the Club. I authorise the playcare staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes		No	
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**Please detail any other relevant information** e.g. dietary requirements, religious or cultural beliefs that we should be aware of.

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**VISIT CONSENT**

I agree to my child walking to Rainow Institute with the Club on occasions when the Club is being held in that building.

Yes		No	
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**PHOTO CONSENT**

I agree to my child being photographed when engaged in activities at the Club for the purpose only of entering the photographs in the Club record.

Yes		No	
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Rainow After School Club would like to inform parents that it is their responsibility to ensure that the details in this form are updated, with particular regard to contact names and telephone numbers and medical information regarding their child. We shall assume that anyone listed on this form has legal contact with your child unless we are otherwise informed in writing.

**Any changes to these instructions to be authorised by** .....

**I confirm that I have parental responsibility for this child.**

**Full name**.....**Signed**.....

**Date**.....

**Member of staff** .....**Signature**.....

**Date**.....