**Child/ren Details**

|  |  |  |
| --- | --- | --- |
| Name | Current Year Group | Date of Birth |

**Parent/Carer Details**

|  |  |  |
| --- | --- | --- |
| Name |  | Name |
| Home AddressHome Telephone:Work Telephone: |  | Home AddressHome Telephone:Work Telephone: |
| Mobile Number: |  | Mobile Number: |
| Email Address |  | Email Address |

Alternative Emergency Contact Details (please provide details of at least one other person we can phone we are not able to contact you)

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Child/ren | Mobile |
| Address | Other Telephone Number |
| Name | Relationship to Child/ren | Mobile Number |
| Address | Other Telephone Number |

**Details of Doctor**

|  |
| --- |
| Doctor/Surgery Name |
| Address of Surgery | Telephone Number |

**About Your Child/ren**

|  |
| --- |
| **Medical conditions:** □ Asthma □ Convulsions □ Diabetes □ Eczema□ Epilepsy □ Heart condition *(Tick ALL that apply.)****Health Notes:*** |
| **Allergens/Dietary Needs:**Please detail any allergies and dietary needs: |
| **Dietary Requirements:** |
| **Other:**Please provide information about any other additional needs: |

I give permission for a member of staff to administer appropriate first aid if required.

I give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child/ren is/are involved in a serious accident.

Club Staff can provide a copy of the Administering Medicines Policy; please note that to have medicines administered it must be under exceptional circumstances and prescribed by the child’s doctor, parents are required to fill in a form which is obtainable from the Club Staff or the school office.

I will advise Club Staff if any of the above details change.

By completing and signing a South Walney Early Birds/Late Flight Registration Form, I confirm that I have read, understood and agree to comply with the Terms & Conditions of South Walney Early Birds Breakfast/Late Flight After School Clubs

(available to view on the schools’ websites: [www.swalneyj.cumbria.sch.uk](http://www.swalneyj.cumbria.sch.uk) [www.southwalney-inf.cumbria.sch.uk](http://www.southwalney-inf.cumbria.sch.uk) )

Signature of Parent/Carer ……………………………………………….. Date ………………………………..

Please print name ………………………………………………..