

Play in Dore

Registration Form (Holiday club)

Child's Details

Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	School attended: First language:	Name of key person:

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i>					

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (please provide full details)
Please detail any dietary requirements / food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

Signature of Parent/Carer

Date:



Play in Dore

Consent Form

Name of Child.....

Please tick the box and sign to indicate your consent to the following:

Calpol

If we are unable to contact you or a named carer we would like to be sure that it is safe to give your child Calpol.

My child does/does not have an allergy to Calpol

I give/do not give permission for my child to be given Calpol if unwell ensuring that four hours has elapsed between doses.

Declaration and Consent for Emergency Medical Treatment

I agree to the registered person in charge of the setting (or deputy in charge) taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the setting or whilst my child is on an authorised outing.

I understand the registered person in charge (or deputy in charge) will make every effort to inform me of any emergency or accident as soon as possible after the event but accept, that in my absence, they may have to seek emergency medical treatment. This may include taking my child to their GP or hospital in the case of a serious accident or emergency.

In the event that I can still not be contacted and my child requires emergency treatment, I give my permission for the registered person in charge (or deputy in charge) to authorise medical staff to administer essential treatment until my arrival.

If you do not agree with any or all of the above declaration please do not sign it but make your views known in the space below. The registered person in charge will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the above declaration and would prefer the following procedure to be followed for my child in the event of an accident or emergency:

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Collection of child from nursery/school/out of school club

I authorise.....to collect my child from the Play in Dore venue
(please be aware that any nominated individuals will be required to show photographic identification in order to collect your child.)

Short walks and visits within the local area

I give permission for(insert name of child) to go for short walks and visits within the local area. I understand that my child will be in the care of a supervised by a Paediatric First Aid trained member of staff with mobile phone contact.

Sun Protection Cream

I give permission for staff to apply appropriate sun protection cream to my child. In the event that I do not supply such cream Play in Dore will provide and administer a suitable and safe alternative.

I have read and ticked the boxes of the above statements therefore indicating my consent.

Signature.....

Name (Printed).....

Date.....



Play in Dore

Medical Form

Childs's Name	
Childs Date of Birth	
Doctors Name	
Doctors Address	
Doctors Contact Number	
Emergency Contact Name & Number	

Does your child have any known medical problems or additional needs?

Please give details of any medication your child requires while in the care of Play in Dore
(a medical consent form is required to be completed if medications is needed)

Does you child have any known allergies? (An Allergy Management Plan will be put in place where required)

Does you child have any dietary requirements?

Any other information relevant to child's health?



Play in Dore

Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Play in Dore we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

- Electronic and printed displays and exhibitions at the club (e.g.photos of activities)
- Observation and assessment
- Club records
- To accompany staff or student coursework
- The Play in Dore website
- Promotional material for Play in Dore
- Local newspaper or magazine
- National newspaper or magazine
- Other organisation's website
- Other organisation's promotional material
- Other

(Please tick each box to indicate consent)

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offense, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Child's Name.....

Parent / Carer Signature.....

Name (Printed).....

Date.....