



**"High Fliers" Before and After school club**

Start Date Required:		Childs Ethnic Origin:	
		First Language:	
Name Of Child:		Date of Birth:	
Address:			
Post Code:			
Parent's/Guardians Name:			
Relationship to child:			
Telephone Numbers:	Home:	Mobile:	Work:
Address (if different from above)			
Post Code:			
Email address:			
Name of Additional Contact:			
Relationship to child:			
Telephone Numbers:	Home:	Mobile:	Work:
Medical Information:			
Childs Registered GP:			
Address:			
Post Code:		Telephone Number:	



Please advise if your child has any of the following:

- Suffers from any allergies YES/NO

If yes, please provide details

- Is on Medication YES/NO

If yes, please provide details

- Has any other health condition or disability that we should know about YES/NO

If yes, please provide details

**Photography and Filming:**

These may be taken during our activities for display, for use in school publications, on our website or facebook page. If you **do not** wish photographs and film of your child to be used for such purposes please sign below:

Signed: (Parent or adult with parental responsibility)

I **do Not** wish for photographs of my child to be displayed once they no longer attend school:

Signed: (Parent or adult with parental responsibility)

Print Name:

**Declaration:**

I give permission for my child to take part in the normal activities of this group some of which may take place outdoors but within the confines of the school boundaries. I understand that separate permission will be sought for any activities taking place at other venues.

I give consent for this information to be shared with other professional.

Signed: (Parent or adult with parental responsibility)

Print Name:

Please provide us with a **Password** in order for us to Safeguard your child e.g. should you wish a member of your family or friend to collect your child on your behalf:

**Emergencies:** In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including anaesthetic:

Signed: (Parent or adult with parental responsibility)

Print Name:

- Please let us know, as soon as possible, of any changes in the information that has been given.
- This data may be shared with other parties including DfES, Government etc.
- All information will be kept in line with our Data Protection Policy and our Privacy Notice.