**Name of Child**……………………………………………………………..………………………………………**Class / Year**………………….

**Date of Birth**……………………………………………………………**School Attending (If not Brooke)**…………………………….

**Address & Postcode**………………………………………………………………………………………………………………………………………………..…

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Contact** | | **Second Contact** | |
| Name |  | Name |  |
| Address (If different) |  | Address (If different) |  |
| Contact Number |  | Contact Number |  |

**Password for Collection**………………………………………………………………………………………………………………………………………............

**Existing Medical Conditions & Medication Taken (please give details)**

………………………………………………………………………………………………….………………………………………………………………**Will this medication need to be administered by the 326 or holiday club team? Yes / No**

**IF YES, PLEASE COMPLETE ADDITIONAL MEDICATION ADMINISTRATION FORM (Please ask at the school office)**

**Do you give consent for us to administer first aid to your child if required? Yes / No**

**Do you give consent for your child to watch PG rated films? Yes / No**

**Do you consent to your child being photographed and the images being used around school / website or social media? Yes / No**

**Does your child have any dietary needs or allergies? (Please give details)** ……………………………………………………………………….…………………………………………………………………………………………

**Please list the names and contact numbers of all other people who may collect your child from the club – please note your child will not be released to anyone not on this list.**

**1………………………………………………………………………………………………………………………………………………………………………………..**

**2………………………………………………………………………………………………………………………………………………………………………………..**

**3………………………………………………………………………………………………………………………………………………………………..................**

**Signed**……………………………………………………………………………**Print**…………………………………

**Date…………………………………………………………………………………..**