



**CHILD'S FULL NAME** \_\_\_\_\_ **MALE/FEMALE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_ **MOBILE NUMBER** \_\_\_\_\_

**CURRENT SCHOOL YEAR** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**CURRENT SCHOOL ATTENDING** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **TEL NO** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **MOBILE.TEL NO** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

Anyone over the age of 14, are allowed to leave the premises unaccompanied.

Please circle YES/NO to give permission.

**NAME AND ADDRESS OF RESPONSIBLE PERSON WHO MAY BE CONTACTED IN CASE OF EMERGENCY, IF PARENTS NOT AVAILABLE**

\_\_\_\_\_  
\_\_\_\_\_ **TEL NO** \_\_\_\_\_

**ARE THERE ANY ILLNESSES, DIFFICULTIES OR ALLERGIES WE SHOULD KNOW ABOUT?**

**DOES YOUR CHILD NEED ANY MEDICATION WITH HER/HIM AT ALL TIMES? IF SO WHAT?**

**DOCTOR'S NAME AND ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_ **TEL NO** \_\_\_\_\_

**IN AN EMERGENCY, IF THE PARENTS OR RESPONSIBLE PERSON CANNOT BE CONTACTED, IS PERMISSION GIVEN FOR US TO SEEK MEDICAL ADVICE? YES/NO**

**DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE PHOTOGRAPHED/RECORDED FOR ADVERTISING CAMPAIGNS AND SOCIAL MEDIA?**

**YES /NO** (These could be used in our programmes, website, prospectus, local papers and various promotional areas. Your child's name may appear but we will not give out home addresses)

All staff and chaperones all hold a current DBS and are CRB checked.  
Child protection policy available upon request.

**SIGNED** \_\_\_\_\_

**NAME** \_\_\_\_\_