

**UNDERHILL SCHOOL**  
**OUT OF SCHOOL CARE REGISTRATION FORM**

**Please print:**

Child's First Name: \_\_\_\_\_ Child's Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Home Tel. No: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Work Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Work Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Tel. No: \_\_\_\_\_

The person who will **normally** collecting my child will be: \_\_\_\_\_

The only other people authorised to collect my child are: \_\_\_\_\_

You have to give your password to the adult collecting. **Under no circumstances must this be given to your child.**

My child's password is: \_\_\_\_\_

If you require regular days please indicate here:

After School Club Day required (please circle or highlight)

	Monday	Tuesday	Wednesday	Thursday	Friday
Till 4.30pm					
Till 5.50pm					

I consent to my child receiving medical attention in an emergency although every effort will be made to contact parent/carer at the time.

PARENT/CARER'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**UNDERHILL SCHOOL**  
**OUT OF SCHOOL MEDICAL FORM**

This form must be filled in using black ink and returned with your application for membership. The information is routine and for the protection of your child whilst they are at the Club. Please give as much information as possible so we can care for your child during their stay at the Club.

Child's Full Name: \_\_\_\_\_

Child's Date of birth: \_\_\_\_\_

My child has special dietary requirements: Yes/No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies? Yes/No

If yes, please give details, including the type of reaction they would experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, do they have any medication for the reaction ? Yes/No

**If yes, this medication must be at the Club with your child at all times.\***

Does your child suffer from or have allergies to the following?

Asthma      Nosebleeds      Penicillin      Insect Stings/bites

Diabetes      Migraines      Headaches

If yes, is medication required for any of the above ? Yes/No

**If yes, this medication must be at the Club at all times\*.**

I agree to provide any medication my child requires.

**\*If medication is required, please ask for and complete an Administration of Medicine form. We can only administer medication if a form is completed. The medication must be in its original container, with the manufacturer's instructions and "in date".**

Does you child have a disability of any type ? Yes/No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Parent/Carer Signed \_\_\_\_\_ Date: \_\_\_\_\_