



PATH HOLIDAY REGISTRATION FORM CONFIDENTIAL

Please complete **ALL** sections of this form in
BLOCK CAPITALS and return it to kidzclub@tma.bucks.sch.uk

Holiday Club is accessible to children aged 4years to 11years old.

Surname of Child: Date of Birth:

First Name: Middle Name:

Address: Tel Number:.....

.....Postcode:

First Language used in the home: Male or Female:

School Attended by child.....

Mother's Full Name (Mrs/Miss/Ms): Legal responsibility Yes/No

Address (if different from child's):

.....

Contact Tel Number: Email.....

Father's Full Name: Legal responsibility Yes/No

Address (if different from child's):

.....

Contact Tel Number:

Email.....

I agree to keep my child's personal and medical information, including emergency contact number's up to date during their time at Kidz Club

PARENTAL CONSENT

Throughout their time at Kidz Club, your child will be invited to take part in **all activities** and trips which may take place outside of the school premises, some of our activities take place at the local park (weather permitting), other trips are further afield and travel arrangements will either be in our school mini bus or a coach from a company that specialises in school trips (all coaches are fitted with seat belts). In order to comply with the Health and Safety legislation, please can you complete the parental/carer form below.

PERMISSION'S REQUIRED

We like to share our children's achievements on our School Website, Facebook Twitter and for school promotional materials. In accordance with the Children's Act 1989/2004 for video and photographic images of your child we require your permission.

Videos & Photos Yes No

Permission to view PG rated movies in club Yes No

MEDICAL INFORMATION

Does your child have a medical condition: - Yes No

If yes, please specify.....
.....

Does your child have any allergies: - Yes No

If yes, please specify.....
.....

Does your child have an Epi Pen: - Yes No

Is your child taking regular medication that would need to be administered during Kidz Club: -
Yes No

Does your child have any dietary requirements Yes No

If yes, please specify.....
.....

Does your child have any other additional needs that you feel we should be aware of
Yes No

If yes, please specify.....
.....

Please advise if there are any activities that you do not want your child to take part in such as face painting, cooking, watching PG DVDs, bouncy castles etc. (all activities are fully supervised)

If yes, please specify.....
.....

Does your child have an inhaler? Yes No

I confirm that my child has been prescribed an inhaler for Asthma, or has a reliever for another medical condition.

I authorise the Matron/First Aider of Kidz Club to administer the School's Emergency Salbutamol Inhaler to my child should their inhaler become unavailable during the school day or outside of school hours. Yes No

MEDICAL CONSENT DECLARATION

I agree to my son/daughter receiving first aid from a qualified Kidz Club first aider should my child require it –

Yes No

Receiving medical treatment including emergency medical treatment as considered by the Medical Authorities.

- Operations Yes No
- Anesthetic Yes No
- Blood Transfusions Yes No

Name of Doctor's Surgery _____

Doctor's Address _____

Signed: _____ Print Name: _____

Date _____

COLLECTION OF YOUR CHILD & EMERGENCY CONTACT NUMBERS

Please provide the names of the adults who have authorisation to collect your child.

(Anyone under the age of 18 must have written consent on behalf of the Parent/Carer to collect your child along with a password provided)

It is extremely important that we are able to contact you during the day if required.
Please provide details of the people whom you wish to be contacted.

1st Contact

(Mr/Mrs/Miss/Ms)

Surname.....

Forename.....

Relationship to child.....

Parental Responsibility YES NO

Mobile.....

Work.....

Home.....

2nd Contact

(Mr/Mrs/Miss/Ms)

Surname.....

Forename.....

Relationship to child.....

Parental Responsibility YES NO

Mobile.....

Work.....

Home.....