



WINTERFOLD

PREP • PRE- PREP • NURSERY



SUMMER HOLIDAY CLUBS 2018

Name of Child	Date of Birth	Age	Name & Year of School
Parents' Names	Address:		
	Email:		
Parents' Contact Numbers			
Emergency Contact Name and Number			
Doctor's Name and Contact Number			
Medical Conditions/ Medication details			
Medical Consent: <i>* delete as applicable</i>	If it is necessary in our opinion to administer Calpol, (paracetamol), Waspeze or plasters, do we have your permission to do so?		*YES/NO
	In the event of a medical emergency, parents will always be informed as soon as possible. If parents cannot be contacted, do we have your permission to take the necessary action, ie. Seek medical advice and attend an accident and emergency unit of a hospital?		*YES/NO
Other Consents: <i>* delete as applicable</i>	I give permission for my child to have face paint applied		*YES/NO
	I give permission for my child to have temporary tattoos applied		*YES/NO
	I give permission for my child to have sun cream applied		*YES/NO
	I give permission for my child to be filmed/photographed during activities (for social media use)		*YES/NO
REGISTRATION DETAILS – Please complete ALL sections including medical details as School Office records are not readily available during holiday periods			

Signed

Date