Family details

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Appledore Out Of School Club (AOOSC)

Please fully complete all sections of the form and return to AOOSC or the school office. It is essential that we have an alternative emergency contact.

Full Name of 0	Child				
Date of Birth					
Parent/Carer Name				Parent/Carer Name	
Email Address				Email Address	
Contact Telephone Number - Home				Contact Telephone Number - Home	
Contact Telephone Number - Work				Contact Telephone Number - Work	
Contact Telephone Number - Mobile				Contact Telephone Number - Mobile	
Home Address				Home Address	
Postcode				Postcode	
Emergene		ntaata. / /			
	y CO				ails to the parents/carers)
Name 1			Relationship to child		
Address		Telephone: Home Mobile Other			
Name 2		Relationship to child			
Address			Tele	ephone: Home Mobile Other	



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Child's details								
This child may use	Breakfast Club YES/NO	After School Club YES/NO	Holiday Club YES/NO					
Does your child attend any other setting/school, if so, which one/s								
Doctor's name		Surgery address						
Doctor's telephone number								
Is there any specific health information that we should know about? YES/NO If the answer is yes then please state below:								
Any special dietary requirements (eg, vegetarian, allergic to nuts etc)? YES/NO If the answer is yes then please state below:								
Any medical requirements of the answer is yes the		c)? YES/NO						
Are there any specific needs that we should know about to support your child? YES/NO If the answer is yes then please state below:								



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Signatures – sign sections that you agree with.							
PHOTOGRAPHY I give permission for photographs to be taken of this child for club use only. They will not be used in social media.							
SIGNATURE		DATE:					
FIRST AID I give permission for First Aid to be administered to this child by a qualified member of staff. Also, in the event of an emergency, I give permission for the person in charge to seek medical assistance or treatment.							
SIGNATURE		DATE:					
SUN CREAM If I forget to provide sun cream for this child, I give permission for sun cream to be provided and applied by staff. Please ask staff on the day which brand will be provided. However, please provide your own sun cream as routine.							
SIGNATURE		DATE:					
AOOSC POLICIES I have read the relevant policies on Appledore School website and agree to adhere to them. http://www.appledore-primary.devon.sch.uk/index.php?page=policies							
SIGNATURE		DATE:					