



Stannington Infant School
Breakfast & After School Club



Registration Form

Date of Registration _____

Child's Full Name			
Home Address			
Date of Birth		Age	
Safe Word	(to be used by the person collecting)		

	Parent/Carer Details	Parent/Carer Details
Name		
Address if different from child's		
Home Telephone		
Mobile Number		
Daytime Number		

Name(s) of Person(s) having parental responsibility for child	
Who does the child live with?	

Signature(s) of Parent(s)/Carer(s)		
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For Club Use

Date child first used club:

Date child stopped using club:



Stannington Infant School Breakfast & After School Club



Medical Form

Child's Full Name	
Date of Birth	
Who has parental responsibility for this child	

Medical Information:

Name of Child's Doctor	
Surgery Address	
Telephone Number	

Does your child have any know medical problems? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, give full details

Record of Immunisation	Date of immunisation
Polio/Diphtheria/Tetanus/Pertossis Hib/Meningitis C	
MMR	

	Yes /No	If Yes please provide details
Does your child have any special requirements e.g. diet, allergies, learning difficulties, mobility, disability?		
Does your child have any conditions requiring medical treatment, including medication, that we need to know about?		
Is your child allergic to any medication?		
Any other information (continue overleaf)		

Emergency Medical Treatment		
In the event of your child needing emergency medical treatment while in our care, they will be taken to hospital by a First Aider. Members of staff will make all reasonable effort to contact you.		
	Yes	No
I consent to emergency medical treatment necessary during attendance at Breakfast and After school club		
I authorise club staff to sign any written consent forms required by the hospital authorities if any delay in getting consent is considered by the doctor to endanger my child's life		

Form completed by: Name _____
 Relation to child _____
 Signed _____ Date _____

For Club Use:	Where relevant has the Medical Record been filled out? Yes <input type="checkbox"/> By whom? _____ Date _____
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It is your responsibility to ensure that this form is updated should any of the information supplied changes