

# St Margaret's Breakfast and After School Club

## Enrolment Form

Childs name:.....DOB:.....

Home address:.....

.....Post code:.....

Telephone no: .....Mobile no:.....

Who has parental responsibility for this child?

.....

With whom does the child live with?.....

Who has legal contact?.....

Please list below the persons who can collect your child from ASC?

(ie grandparent etc please give name and relationship to child)

.....  
.....  
.....  
.....

### Emergency contacts

First name and number: .....

Relationship to child? :.....

Second name and number:.....

Relationship to child:.....

### Medical information

Special medical conditions:.....

Emergency treatment:.....

Any hearing or vision problems:.....

Any special needs we should be aware of:.....

.....

Doctors name:..... Tel no:.....

Address of surgery:.....

.....

Allergies

Food: .....

Penicillin:.....Colorants:.....

Other allergies:.....

Plasters : We need parents' permission for staff to apply plasters onto your child, if it is deemed necessary. Please could you sign the declaration below if you have no objections to this, and to indicate that your child is not allergic to any sort of plaster. Thank you.

I .....Parent/Guardian of .....

Agree to let staff from the ASC to apply plasters on him/her if deemed necessary. Signature:.....

Urgent Treatment Consent

We / I agree to a qualified first aider, should the necessity arise give consent on my behalf for an anaesthetic to be administered, or any other urgent medical treatment to be given. I understand that this consent will only be given where it has proved impossible to contact me and treatment is required without delay.

Signature of parent/guardian.....

Date.....

