

SIBFORD GOWER ENDOWED PRIMARY SCHOOL



AFTER SCHOOL CARE - EMERGENCY CONTACT DETAILS

Child's name: _____ Date of birth : _____

Address _____

Telephone Number _____

Parent/Guardian details:

Address _____

(If different from above)

Work phone number _____ Mobile phone number _____

Emergency contacts (Other than named above).

1. Name _____

Address: _____

Telephone No: _____ Mobile phone number _____

2. Name _____

Address: _____

Telephone No: _____ Mobile phone number _____

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AFTER SCHOOL CARE - HEALTH INFORMATION SHEET

Child's name:.....

Please give details of any allergies, illnesses, special needs, dietary restrictions, ethnic, religious or cultural requirements etc.

MEDICATION

Please give details of any medication your child is taking:

Please note, you are required to inform staff of any specific medication that may need to be administered to your child, and you will be requested to complete an additional consent form.

Please give details of the doctor and surgery with whom your child is registered:

Name of doctor: Tel: No:

Surgery address:

.....

999 EMERGENCIES

I consent to any emergency medical treatment necessary during the time my child is in After School Care. I authorise After School Care staff to sign any form of consent required by medical staff, if a delay in obtaining my signature could endanger my child's health or safety.

Signed (Parent/Guardian) Date

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AFTER SCHOOL CLUB - COLLECTION DETAILS

CHILD'S NAME:

I GIVE PERMISSION FOR THE CHILD NAMED ABOVE TO BE COLLECTED BY:

NAME	RELATIONSHIP TO CHILD

I AGREE TO INFORM THE AFTER SCHOOL CARE STAFF IN ADVANCE IF THE ARRANGEMENTS FOR COLLECTING MY CHILD ARE TO BE ALTERED.

SIGNED DATE.....

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AFTER SCHOOL CARE - PERMISSION FORM

Name of Child:

I am aware of the complaints procedure for this setting.

Signed: Date:

Parent/carer of: (child's name)

I give permission for staff at the setting to apply sunscreen supplied by me/the setting to my child (named above).

Signed: Date:

For parent/carer of a child under 6:
I give permission for my child's key person at this setting to share relevant information with the School where s/he also receives education and care under the Early Years Foundation Stage framework.

Name of school: Class: Teacher:

Signed: Date:

Any additional information:

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Name of person who completed this form:

Signature: Date:

Relationship to child named above:

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AFTER SCHOOL CARE - PHOTO PERMISSION FORM

Dear Parents/Carers,

Sibford Gower's After School Care is under the branch of the Warriner School Partnership out of hours care. The club would like to take photos to document a child's time at After School Care. Images of children will be used for club purposes, and used within school publications, and the school website, including the Warriner Partnership site.

We ask that parents consent to After School Care taking and using photographs and images of their children. Any use of pupil images at **Sibford Gower** is underpinned by our Acceptable User Policies for both adults and children and our 'Safety Online' notices in the school computer suite. We will never include the full name of the pupil alongside an image.

Please complete, sign and return this form to the school office or workers at After School Care.

Yours sincerely,

After School Care

I consent to photographs and digital images, of the child named below, appearing in printed publications or on the school **website**. I understand that the images will be used only for educational purposes and that the identity of my child will be protected. I also acknowledge that the images may also be used in and distributed by other media, such as CD-ROM, as part of the promotional activities of the school

Name of child / children:

Name of parent or guardian:

Signature:

Date: