

Medical Information

Emergency Medical Consent (this confirms your agreement for the club to initiate appropriate medical treatment in the event of an emergency)

Medical Practice:

Medical conditions: include any allergies/medical conditions e.g. Asthma, and medications

regularly taken

Address:
a

(If you require more space please give full details on separate sheet) **IF none, please state NONE.**

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Doctor's Name:.....

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Phone No. of above:

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Special Dietary Needs/Allergies:

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You must pre-book to ensure a place. We need to ensure the correct staff : child ratios and will not be able to guarantee a place for a last minute booking.

Please tick the sessions required in the tables below:

Breakfast Club – 8-8.30am

Monday	Tuesday	Wednesday	Thursday	Friday

After School Club – 3-6pm

	Monday	Tuesday	Wednesday	Thursday	Friday
3-4pm					
4-5pm					
5-6pm					

I have received and read the clubs 'Essential Information for Parent/Carers' brochure. This form has been produced for parents/carers of young people to complete and gives necessary authority to Charlie's After School Club when looking after your child. PLEASE NOTE that in signing this form your rights are not affected in any way.

I wish my son / daughter to be allowed to take part in the club activities and agree to him / her taking part in any or all of the activities provided.

Signature of Parent/Carer: Date: