

## Easter Holiday Club 2018 at Lichfield Personal Details

Name of Child:	Date of birth:
Address:	
	Postcode:
Name of parents:	
Home telephone:	
Workplace (mother): Workplace telephone (mother): Mobile telephone (mother):	
Workplace (father): Workplace telephone (father): Mobile telephone (father):  (FOR CHILD SECURITY REASONS PLEASE SU ANYBODY WHO WILL COLLECT YOUR CHILD/RE	PPLY US WITH PHOTOGRAPHS OF
Please indicate who has Parental Responsibility	
Please indicate who has Legal Contact	
Alternative contact (name and relationship): Telephone:	
Name of person collecting your child:	
Doctor's name:	Telephone:
Please state any medical conditions or allergies:	
Any other information you wish to tell us about your child	
We connet allow children to stoy at the club who are il	Lor have any infactious disease of a shielder

We cannot allow children to stay at the club who are ill or have any infectious disease, e.g. chicken pox, measles etc. In cases of sickness and diarrhoea, children must be clear of symptoms for 48 hours before returning to the Holiday Club. Any medicines must be clearly labelled with the child's name, amount, time and frequency of dosage. Please hand any medication to a member of staff on arrival and make sure you collect it again at the end of the day. We reserve the right to administer basic first aid for treatment of minor cuts, bumps and bruises. Parents will be informed of any accident and asked to sign the accident book. In the case of a more serious accident, the child will be taken immediately to the nearest hospital. Parents will be informed of the situation and the hospital at which to attend.

Humpty Dumpty Day Nurseries, Trent Valley Road, Lichfield, Staffordshire WS13 6HB (01543 416002)

## **PERMISSIONS FORMS**

Name of Child	
Permission for transport provided by the Nurse	ry:
Mothers Signature	Date
Fathers Signature	Date
Permission for Outside Visits/Walks:	
Mothers Signature	Date
Fathers Signature	Date
Permission for Photography and for photograph website:	ny to go on the Nursery
Mothers Signature	Date
Fathers Signature	Date
Permission for my child to bring their own hand (WE CAN NOT ACCEPT RESPONSIBILITY FOR I THESE ITEMS AND GAMES MUST BE AGE APP	LOSS OR DAMAGE OF
Mothers Signature	Date
Fathers Signature	Date
Permission for Out of School Staff to administer of minor bumps and bruises and to seek medica from a hospital if necessary:	
Mothers Signature	Date
Fathers Signature	Date
Permission to watch a PG rated film at the cinema	(if applicable)
Mothers Signature	Date
Fathers Signature	

IMPORTANT NOTE: We have children who attend the holiday clubs with severe nut allergies. We would therefore be very grateful if you do not put anything containing nuts or nut traces in your child's lunchbox.

