

St Peters October Holiday Club 2019  
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 SUPPLY US WITH PHOTOGRAPHS OF ANYBODY  
WHO WILL COLLECT YOUR CHILD/REN WHO ARE NAMED ON THIS FORM)**

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:.....

.....

Email address.....

We cannot allow children to stay in the club who are ill or have any infectious disease, e.g. chicken pox, measles. In cases of sickness and diarrhoea, children must be clear of symptoms for 48 hours before returning to the 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.

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**PERMISSIONS FORMS**

Name of Child .....

**Permission for transport provided by the Nursery:**

Mothers Signature ..... Date .....

Fathers Signature ..... Date .....

**Permission for Outside Visits/Walks:**

Mothers Signature ..... Date .....

Fathers Signature ..... Date .....

**Permission for Photography and for photography to go on the Nursery website:**

Mothers Signature ..... Date .....

Fathers Signature ..... Date .....

**Permission for PG rated films**

Mothers Signature ..... Date .....

Fathers Signature ..... Date .....

**Permission for my child to bring their own handheld consoles.  
(WE CAN NOT ACCEPT RESPONSIBILITY FOR LOSS OR DAMAGE OF THESE  
ITEMS AND GAMES MUST BE AGE APPROPRIATE)**

Mothers Signature ..... Date .....

Fathers Signature ..... Date .....

**Permission for Out of School Staff to administer basic first aid for treatment of  
minor bumps and bruises and to seek medical attention or treatment from a  
hospital if necessary:**

Mothers Signature ..... Date .....

Fathers Signature ..... Date .....

**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.**

