

Victoria Centre Out of School Activities
Registration Medical Form

Childs name:		
Date of birth	Sex- Male or Female	
Address:		
Postcode	Home telephone number	
School Attends	Class	
Ethnicity	Religion	Home Language

Principal carer*: Mobile Tel No
Work Tel No
 Email address: _____

Secondary carer: Mobile Tel No
Work Tel No
 Address (if different)

Home Tel No

OTHER ADULTS AUTHORISED TO COLLECT CHILD & EMERGENCY CONTACT
 (We shall contact principal carer first, then in order they are written)

Name Tel: Relationship:

Name: Tel: Relationship:

Home Tel No

Doctor's name & Surgery: Doctors Tel No
 Medical & Dietary Requirements

Are your Childs vaccinations up to date	
All Allergies (please give details)	
Has your child any on going or previous Health problems? (please give details of how we can meet the Childs needs)	
Any dietary requirements? (please give details)	

Please note this person will be the person deemed responsible for payment of all fee

Victoria Centre Out of School Activities
Consent and Parent Contact

Medical Consent

I consent to emergency medical treatment, including treatment involving an anaesthetic being given while our care. I hereby authorise the staff to sign any form of consent required by a hospital authority if a doctor believes that delay in getting my signature will put my Childs health and safety at risk

YES NO Signature:

Photographs

On some occasions staff may take photos of children take part in activities for display purposes, publicity or local newspapers. If you agree to your Childs photo being taken for such purpose please sign below

Signature:

date:

Tips

I consent to the Victoria Centre OAS staff taking child on supervised local trips – to the park, library, shops ECT.

Signature:

date:

On days when coach trip is planned all the children will go on the trip. I consent to my child going on planned coach trips.

Signature:

date:

I agree to pay all fee due in advance (by the Friday before the start of the week) and in full for each week/month. Signature:

I understand that I will be charged £3.50 per 15 mins, if I am late collecting my child.

I consent to occasional use of face paints. Signature:

I consent my child using a bouncy castle. Signature:

I will make sure that my child wears appropriate clothing for the weather conditions, including a coat or sun hat.

During warm weather I will supply my child with sun lotion. (staff will remind children to apply this at regular intervals)

I will inform the Victoria Centre of any changes in circumstances that affect my child including changes to emergency contact details.

Signature:

date:

Please note: Without a fully completed registration form, no child may be left at OSA. If fees are not paid in advance we will NOT collect your child from school or allow them to be left with us.