



# FOXES'



## BEFORE AND AFTER-SCHOOL CHILDCARE CONTACT FORM

Child's Details					
Name		DOB		Class	

Parent/Carer Contact Details:		
Name		
Home Tel.	Mobile:	Work Tel.
Email		

Other Emergency Contact Details:		
Name & Address		Relationship
Home Tel.	Mobile:	Work Tel.
Email		

Person(s) Authorised to Collect My Child:		
Name & Address		Relationship
Home Tel.	Mobile:	Work Tel.
Email		
Name & Address		Relationship
Home Tel.	Mobile:	Work Tel.
Email		

## Medical and Dietary Information:

Child's name:

Name of Child's Doctor:

Doctor's Address

Doctor's Telephone No.

Please list any medical conditions (e.g., asthma):

- 
- 

Please list any medical allergies (e.g., allergic to penicillin):

- 
- 

Please list any dietary/food allergies (e.g., dairy):

- 
- 

## First Aid Consent:

*To give your consent, please tick the boxes.*

I give permission for first aid to be carried out on my behalf by a trained first-aider.

I consent to any emergency medical treatment necessary during the running of the club.

I authorise Foxes School After School Club staff to sign any written consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

In signing this form, I declare the information to be true and accurate. I have read the Terms and Conditions of Foxes After School Club and agree to follow its policies and procedures.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_