

**PLUMPTON ACTIVITY SCHEME REGISTRATION FORM**

**Please complete one form for each child**

Child's Name:.....

Address:.....

.....

Date of birth: .....

Parent/guardian

Contact: (print name) .....

Tel .....Mobile .....

Emergency contact other

than parent/guardian: .....Tel: .....

Name of Doctor :.....Tel:.....

Any allergies or medical conditions

.....

Medication being taken .....

**(If your child needs medication please discuss with the play leader; any medication must be handed to the play leader and clearly labelled with your child's name and the dosage required)**

I give permission for:

- treatment to be sought for my child in case of emergency  
Yes/No
- my child to be given a plaster if this is considered necessary.  
Yes/No

**You or your authorised representative must sign ALL children into Activity Scheme. You may give consent below for children over 8 years old to sign themselves out at the end of the day.**

- I do/do not give permission for my child to make their own way home from activity scheme (over 8s only).

I understand that my child will not be able to leave the activity scheme during the day unless collected by my authorised representative or myself.

Authorised representative: ..... Tel: .....

Security password by which your authorised representative can be identified by staff (one password per family).....

- I do/do not give permission for informal photographs to be taken of my child at the scheme (if we wish to take some for our file, for possible local publicity or for use on our web site)

Signed ..... (Parent/guardian) Date .....