

Yarrells School Holiday Clubs



Important Information

THIS FORM MUST BE COMPLETED AND RETURNED TO SCHOOL WITH THE BOOKING FORM

Child's Name _____

Date of Birth _____

Name of G.P. _____

Surgery Telephone No _____

Please complete all the emergency contact numbers below:

Name and Number _____

Name and Number _____

Name and Number _____

Please note that various times during the activities weeks, children may be photographed or videoed participating in the programme. These pictures may be used in school newsletters, on the website, and on our school Facebook page. If you DO NOT wish you child to be photographed, please inform us in writing and attach your letter with this form.

Please give details of any allergies or illnesses:

(if necessary continue overleaf)

If your child is on any long term medication, please complete the table overleaf.

If, in the opinion of a medical practitioner, my child should require an emergency operation or anaesthetic and the school is unable to contact either parent or guardian immediately, I give permission for the necessary medical treatment to be carried out and consent forms to be signed on my/our behalf by a member of the school staff.

Signed (Parent/Guardian) _____

PRINT NAME _____

ADDRESS _____

DATE _____

Please give further details of any allergies or illnesses:

If your child is on any long term medication e.g. EpiPens or inhalers please complete and sign the table below so that we can administer the drugs with permission.

Drug to be given:
When to administer:
Reason for medication:
Any other information:
Parent/ Guardian signature: