

HILLOCKS PRIMARY SCHOOL

Out of School Hours Club Consent Form



SINGING CLUB

Monday 3.30 - 4.30pm COST £1.00

Name of Pupil

Date of Birth

Address of Pupil

Name of parent/carer

Contact telephone numbers

Emergency contact if parent/carer unavailable:

Name

Telephone no.

Relationship to child:

Are there any medical conditions we should know about? If so please describe:

Doctors name

Address

Telephone number

Are there any medicines your child takes on a regular basis e.g. asthma etc.

Details of any special requirements (allergies, food your child must not eat, access needs, religious requirements)

I give permission for my child to participate in the after school club. I will inform the school of any changes to the details provided. I consent to any emergency treatment necessary during the course of the activities and authorise the staff in charge to give any consent required by the hospital authorities, should treatment be deemed necessary and provided that the delay required to obtain my signature would endanger my child's health and safety. I understand that pupils are expected to attend all sessions and to behave in an appropriate way. I understand that my child must be collected by another adult or myself at the end of the session. I will inform the school the school if my child is not attending for any reason.

Signature of parent/carer _____ Date _____