



# Wyke Regis Primary Federation After School Club Contact & Medical Information

Child's Name: ..... Class: .....

Details of known medical conditions: .....

.....

Allergies: .....

Details of any medication your child takes: .....

.....

Any food(s) not eaten for religious, medical or ethical reasons or because of dislike  
(please state reason):

.....

Name, address and phone number of child's GP: .....

.....

.....

Emergency contact details during the hours of the After School Club:

1. Name & relationship to child: .....

Contact number(s): .....

2. Name & relationship to child: .....

Contact number(s): .....

3. Name & relationship to child: .....

Contact number(s): .....

I can confirm that to the best of my knowledge the information I have given is complete and accurate. I authorise the After School Club staff to carry out the actions I have advised in the event of my child become ill.

Signed: ..... (Parent/Carer) Date: .....

Signed: ..... (After School Club Staff) Date: .....