



Extended Schools Provision Medical Information

Child's Name:

Date of Birth: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*):

.....

GP's name:Telephone Number

Surgery Address

Home address (for emergency purposes only):

.....

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 becoming ill.

Signed: (Parent/Carer) Date:

Contact number (Parent/Carer)

Signed: (Club Supervisor) Date:

For office use:

Sibling of



Extended Schools Provision Contact Information

CHILD'S NAME.....CLASS

NOMINATED PERSONS AUTHORISED TO COLLECT YOUR CHILD

Please provide on the list below the full names of all individuals authorised to collect your child (including parents and carers). In the event of an emergency if the first contact is not available, the alternative contacts will be called in the order stated below.

	Name	Contact Number	Relationship to Child
1			
2			
3			
4			
5			
6			

Signed Parent/Carer Date

For office Use:

Sibling(s)