

## Details form

### **Parent information**

Your name:

Relationship to child:

Contact telephone number/s:

Email address:

Address:

Emergency contact name (this must be different from yours):

Emergency contact number/s:

### **Child Information**

First name:

Last name:

Date of birth:

Age:

Gender: Male/Female

### **Medical information**

Does your child have any allergies, dietary requirements or additional needs? YES/NO  
If yes, please give details:

Does your child require any regular medication? YES/NO  
If yes, please give details;

### **Medical (delete as appropriate)**

Do you give consent for your child to receive Emergency Medical Treatment? YES/NO

Do you give consent for your child to be administered liquid paracetamol if required? YES/NO

Do you give consent for your child to be administered liquid ibuprofen if required? YES/NO

Do you give consent for your child to be given liquid antihistamine (e.g Piriton) if required? YES/NO

Do you give consent for relevant information regarding your child to be shared with other professionals? (e.g. health visitors, speech and language therapists etc.) YES/NO

**Sun cream (delete as appropriate)**

Do you give consent for our practitioners to assist your child in reapplying their sun cream if required?

YES/NO

**Activities (delete as appropriate)**

Do you give consent for your child to go to our farm and woodland

YES/NO

Do you give consent for your child to go on nursery outdoor play equipment, including climbing frames, duly supervised?

YES/NO

Do you give consent for you child to have face paint, nail polish, glitter tattoo's and hair braid.

YES/NO

Do you consent to you child using the quad bikes (if they are aged over 8 years old)

YES/NO

**Photo's (delete as appropriate)**

Do you give consent for your child's image in advertising for the holiday clubs

YES/NO

Do you give consent for your child's image being on the holiday clubs websites?

YES/NO

Do you give consent for your child's image being on social media?

YES/NO

Please provide any additional information you feel we should know regarding you child:

Signature .....

Date .....