 Executive Headteacher: Mrs J Olivier Email: sbps\_office@swale.at Stagshaw Close

 Head of School: Mr M Currie Website: [www.southboroughprimary.org.uk](http://www.southboroughprimary.org.uk) Postley Road

 Tel: 01622 752161 Twitter: [@sbpsmaidstone](http://twitter.com/sbpsmaidstone) Maidstone
 Kent ME15 6TL

**South Borough After School Club Information Form**

**Information recorded here is kept confidential and stored securely.**

**Child’s personal details:**

**Full name of child: …………………………………………………………….…………………………**

**Date of Birth: (day/month/year) …………………………………….. Year group: ………………..**

**Gender: Male Female**

**Parents’/carers’ details:**

|  |  |  |
| --- | --- | --- |
| **Full names:** | **Name of Parent/Carer 1:** | **Name of Parent/Carer 2:** |
| **Relationship to child:** |  |  |
| **Home address:****Postcode:** |  |  |
| **Telephone 1:** |  |  |
| **Telephone 2:** |  |  |
| **Email:** |  |  |

**Details of persons authorised to collect child or who can be contacted in an emergency:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name:** | **Name of contact 1** | **Name of contact 2** | **Name of contact 3** |
| **Relationship to child:** |  |  |  |
| **Home address:****Postcode:** |  |  |  |
| **Telephone 1:** |  |  |  |
| **Telephone 2:** |  |  |  |
| **Mobile:** |  |  |  |
| **Email:** |  |  |  |

Proof of identity, a phone call for verbal permission with an accurate description of the collector is required before releasing any child to anyone other than those noted above.

A password is also required in these instances. Please write the password used for your child:

**…………………………………………………………………………………………………………………….**

**Child’s medical information/individual needs:**

**Name of doctor:……………………………………………………………… …………………………**

**Name of health visitor:…………………………………………………………………… ……………**

**Doctor’s surgery and address:………………………………………………………… …………….**

**………………………………………………………………………………………………………………**

**Postcode:……………………………………………………………………… …………………………**

**Doctor’s telephone number:…………………………………………………………… ……………..**

**Known medical conditions, allergies, special dietary and health needs:**

 □ **Yes** □ **No**

**If yes, please give details:……………………………………………………….………………………**

**………………………………………………………………………………………………………………..**

**Details of any medication being used: ……………………………..…………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**Has your child received a tetanus injection in the last five years ?**

 □ **Yes** □ **No**

I undertake to inform the Manager of After School Club as soon as possible of any change in medical and/or any other relevant circumstances.

**Signed; Parent/carer: ……………………………………..Date: ………………**

**Arrangements in the case of sickness and/or any emergency:** South Borough Primary School After School Club does not accept children who are unwell and we expect parents/carers to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell during their stay with us we contact the parent/carer at the earliest opportunity. Staff at South Borough Primary SchoolAfter School Clubhave undertaken appropriate training to deal with an emergency.

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to South Borough Primary School After School Club taking such action in your absence:

|  |
| --- |
| I *(print name)* ……………………………….. give my consent to South Borough Primary School After School Club administering basic first aid (of which a written record will be kept). Signature of parent/carer: …………………………………………………………… Date: …………………………………………………I *(print name)* ……………………………………… give my consent to South Borough Primary School After School Clubsigning any written form or consent required by hospital authorities, including anaesthetic, if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child’s health and safety. **Signature of parent/carer: …………………………………………………… Date:……………………………………………………………………………….** |

**Permission for use of Sun cream**

During the hot weather, please send in your child’s sun lotion clearly labelled with your child’s name as well as a completed consent form

Also please sign your consent below for staff to apply further sun cream during very hot weather.

**Parental Consent**

**Name of child** : ……………………………………………………………………….

I give my consent for a member of South Borough Primary School After School Club staff to apply and/or re-apply sun cream to the named above child.

**Signed: Parent/carer: ……………………………………..**

**Date: …………………….**

**Photographs and videos:**

The issue of child safety is taken very seriously at South Borough Primary School. This includes the use of images of pupils. These may be used for display/training purposes within the club.

Including images of children in South Borough Primary School After School Club publications and on the South Borough Primary School website can be motivating for the children involved. However, South Borough Primary School After School Club has a duty of care towards children, which means that children must remain unidentifiable, reducing the risk of inappropriate contact, if images are used in this way.

We ask that parents consent to South Borough Primary School After School Club taking and using photographs and images of their children.

We will never include the full name of the pupil alongside an image.

**Permission for Photographs and Digital Images**

I consent to photographs and digital images of the child named below, appearing in South Borough Primary School printed publications or on the school website. I understand that the images will be used only for educational purposes and that the identity of my child will be protected.

□ We/I give permission for my child to be photographed/videoed.

□ We/I give permission for my child’s photograph/video to be placed on South Borough Primary School’s website.

□ On receipt of specific information , and a separate consent for each promotional activity, we/I give permission for my child’s photograph/video to be considered for external promotional activities at South Borough Primary School After School Club.

Name of child: …………………………………………………………………..

Name of parent /carer: ........................................................................

**Signed: Parent/carer: ……………………………………..Date: ………………**