# Cool Kids Zone Breakfast and After School Club

## Application Form

I wish to apply for a place at Cool Kids Zone Breakfast Club/After School Club for:

Childs name …… Date of Birth……

Please provide a password in the event that you do not collect your child yourself. We will hold this on file and ask for it in the event that someone (unfamiliar to us) comes to collect your child.

Password.....

## Data Information/Medical From

| | |
|---|---|
| Surname | Legal Name |
| Forename | Middle Name |
| Chosen Name | Gender |
| Date of Birth | |
| Address | |
| Post Code | |
| Telephone | |
| Mobile | |
| Email | |

Please give details below of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency and who have permission to collect your child from the club.

| Priority | Name/Relationship | Home address/home phone number/mobile | Work address/phone number |
|---|---|---|---|
| | | | |
| | | | |

Place them in order that you with them to be contacted in an emergency.

# Cool Kids Zone Breakfast/Afterschool Club

## Medical Information

Childs Health Service details: Medical Card Number……

Family Doctor (name, address and telephone number)
……

……

Is your child allergic or sensitive to any medication (e.g. Penicillin), animal, insect bites or foods (e.g. nuts)?

If YES please provide details

……

……

Has your child been immunised against the following diseases?

Poliomyelitis YES/NO

Tetanus YES/NO

If YES to Tetanus please give date if known ……

Is your child up to date with their routine immunisation? YES/NO

Please give details below

……

……

Is your child taking any form of medication on a regular basis? YES/NO

If YES please give details below

……

……

Are there any other medical circumstance that you feel we need to be aware of (e.g. Vegetarian) YES/NO

If yes please give details below

……

……

# Cool Kids Zone Breakfast and After School Club

## Emergency Medical Treatment Form

Childs Name ……

Date of Birth ……..

Doctor's Name ……..

Doctor's Address ……..

……..

Doctor's Telephone Number ……..

Any other relative medical information (eg Allergies, family medical history)

……

……..

……..

Parents/Carers Name/s ……..

Address ……..

……

……

Emergency Contact names and numbers:

……

……

Childs Medical number ……

In the event that my child is involved in a serious incident whilst at the club, I expect the manager or a delegated member of staff to contact me immediately on the above emergency contact number.

In the event that my child requires immediate medical treatment before I am able to get to the hospital, I herby authorise the manager, or delegated member of staff, to consent to emergency medical treatment of my behalf.

I understand that this authorisation will remain valid unless I contact the manager to withdraw it.

Signature of parent/carer: ……..

Date:……..

Print Name:.....

# Cool Kids Zone Breakfast/Afterschool Club

ADMINISTERING MEDICINES IN BREAKFAST/AFTERSCHOOL CLUB

May we remind parents/carers that in normal circumstances it is not Breakfast/After School club policy to administer medicines. Wherever possible, parents are requested to give medicines before and after school, if however you need your child to be given prescribed medicine please fill out a medical consent form.

Declaration by Parent/Carer

In the case of an emergency I agree to my child being given any medical, surgical or dental treatment including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

Signature of parent/carer: ……

Date:.....

Print Name: .....