

**HOLIDAY CLUB REGISTRATION FORM – SUMMER 2020**

**Student/Pupil Details**

**Legal Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(As shown on Passport/Birth Certificate)*

**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Known Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Middle Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:**

**Home Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Telephone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post Code**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Language:** English Other**:** (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say

**Please tick the session(s) you would like to book:**

**Age 6 -9 Holiday Club 6th – 10th July: Drama Week**

**Age 6 – 9 Holiday Club 13th – 17th July: General Activities**

**Age 10 -13 Holiday Club 6th – 10th July: General Activities**

**Age 10 – 13 Holiday Club 13th – 17th July: Drama Week**

**Booking Confirmation:**

**The College will confirm the booking on receipt of your completed form: Places will be issued on a first come first served basis:**

**Payment Details:**

**Each week will be charged at £150**

The Ladies’ College

Natwest Bank:

Sort Code: 60-09-20

Account Number 06017614

RE: Surname HolClub

**All confirmed bookings should be paid in full by Friday 26th June 2020.**

**Student / Pupil Contact Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Priority** | **Title** | **First Name** | | **Surname** | **Relationship to Child** | | **Parental Responsibility** |
| 1 |  |  | |  |  | | Yes/No |
| **Address:**  **Post Code:** | | | | | **Email Address** | | |
| **Home Number** | | | **Mobile** | | **Work Number** | **Main Daytime Contact Number** | |
|  | | |  | |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Priority** | **Title** | **First Name** | | **Surname** | **Relationship to Child** | | **Parental Responsibility** |
| 2 |  |  | |  |  | | Yes/No |
| **Address:**  **Post Code:** | | | | | **Email Address** | | |
| **Home Number** | | | **Mobile** | | **Work Number** | **Main Daytime Contact Number** | |
|  | | |  | |  |  | |

**Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)**



**Medical Details**

**Doctor’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone Number**: \_\_\_\_\_\_\_\_\_\_

**Medical Practice**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give permission for the school to call the doctor in an emergency. Yes No**

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medications, etc**.) If your daughter already has a Healthcare Plan in place at her current school, please can you share this with us.**

Dietary Requirements for lunches

I confirm that the above information is correct:

**Signed**:………………………………………………………..**Date**:………………………



**ADDITIONAL MEDICAL INFORMATION**

**INSTRUCTIONS FOR USE OF INHALER**

**(ASTHMA MEDICATION)**

**Name of Student/Pupil** …………………………………………………………

**Year Group:** …………………………………………………………

# Name and Address

**of Parent/Guardian**: …………………………………………………………………

………………………………………………………………….

………………………………………………………………….

**Date:** ………………………………………………………………….

**Frequency of Use:** This part can be filled in as per prescription instructions as printed on the inhaler. Any details must be filled in fully on this form.

…………………………………………………………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

If your daughter requires to bring her inhaler with her to use during holiday club hours, please ensure you bring one with you and hand over to a member of staff. The Inhaler should be clearly labelled with usage instructions.

**Signed**: ………………………………………………………………….

**Parent/Guardian**

**Date:** …………………………………………………………………



**ADDITIONAL MEDICAL INFORMATION**

**Students with Adrenaline Auto-Injector Pens (EpiPen, Jext etc.) for Anaphylaxis**

**Name of Student:** …………………………………………………………

**Year Group:** …………………………………………………………

**Type of Pen:** …………………………………………………………

**ALLERGIES (Please list all allergens and level of reaction severity e.g. mild allergy to grass pollen, severe allergy to peanuts etc.)**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Is Piriton to be given for mild reaction**? YES/NO (if yes, please send a supply to be held at the office)

**Please note the following:**

A student who has been prescribed an Adrenaline Auto-injector Pen **should carry at least one Pen with them on their person at all times**. The Adrenaline Auto-injector Pen must be carried on the person rather than in a bag which may inadvertently be left behind or not easily identifiable. The outer case of the Adrenaline Auto-injector Pen should be clearly labelled with the student’s name. It is the students’ responsibility to ensure they have their Adrenaline Auto-injector Pen with them for the duration of the Holiday Club session(s).

**At least one additional Adrenaline Auto-injector Pen must be handed to the member of staff in charge of the Holiday Club.**

**PARENT DECLARATION (GDPR) SUMMER HOLIDAY CLUB 2020**

**Your declaration:**

I understand that The Ladies’ College will use the information I am supplying to enable my daughter(s) to participate in the Holiday Club during summer 2020. I understand that the College will only hold the information supplied until the end of the summer club.

|  |  |
| --- | --- |
| **I also give my informed consent to the College to:** | **Please tick all that apply.** |
| Administer first aid to my daughter |  |

Include my daughter in ***(Please tick each column as necessary)***

|  |  |  |
| --- | --- | --- |
|  | **Photo only** | **Named** |
| **College website** |  |  |
| **Social media** |  |  |
| **Ilex – the College magazine** |  |  |
| **Newspapers** |  |  |

|  |
| --- |
| **I also understand that the information I supply may be shared with the Education Services and other agencies involved with the health and welfare of children and young people, as a result of legitimate interest.** |

**Signed: ……………………………………………………………………………..Parent/Guardian\***

**Date:……………………………………..**

**Please print:…………………………………………………………………………**

**Signed: ……………………………………………………………………………..Parent/Guardian\***

**Date:……………………………………..**

**Please print:…………………………………………………………………………**