

HALTON PLAY CHILDREN'S SERVICES

REGISTRATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Child's Name (In full):	Male/Female
Date of Birth:	Age:
Address:	
Post Code:	
School Attended:	Ethnic Origin:

Parent/Guardian/Foster Carer (delete where appropriate)
Name:
Contact Telephone Number:
Email Address:

<u>OTHER EMERGENCY CONTACT DETAILS</u>	
Please indicate below any other person(s) who are authorised to collect your child from the setting or who may be contacted in emergency (Please do not put the parent/Guardian/Foster Carer details here)	
1. Name:	
Address:	
Tel No:	Relationship to Child:
2. Name:	
Address:	
Tel. No.	Relationship to Child:
For Open Access Playschemes only and children aged 8 and over	
I give permission for my child to walk to and from the named setting unaccompanied by an adult (PLEASE NOTE THE PERSON COLLECTING YOUR CHILD MUST BE 18 YEARS OF AGE AND BE KNOWN TO YOUR CHILD)	
Parent/Carer signature: Date:	



Does your child have a Disability or Additional Need? If YES please detail:	YES/NO (delete as appropriate)
Does your child have any significant health issues? If YES please detail:	YES/NO (delete as appropriate)
Does your have medication? Do they need help to administer? If YES please detail, also with medication taken and dosage:	YES/NO (delete as appropriate) YES/NO (delete as appropriate)
Does your child have any allergies? If YES please detail:	YES/NO (delete as appropriate)
Does your family have an attached Social Worker? If YES please detail: Name;	YES/NO Contact Number:
What games and activities does your child enjoy participating in?	
Please indicate any activities you DO NOT want your child to take part in:	
TRIPS AND OUTINGS Some of the routine activities of the club may involve visits or other short trips off the premises. In order for your child to take part in these activities we must have your written consent. (For major trips and outings, a consent form requesting your permission will be given to you with full details) Do you agree to your child taking part in visits and trips? YES/NO (delete as appropriate)	
PHOTOGRAPHS We may take photographs of your child taking part in activities or outings. These photographs may be used in promotional material, Facebook/Twitter or staff training. Do you agree to your child's photograph being taken? YES/NO (delete as appropriate) I agree to my child's photograph being used on HPC's website, Facebook/Twitter Pages? YES/NO (delete as appropriate)	
Permission to pass on your Child's personal information to funders and Halton Borough Council?	YES/NO



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EMERGENCY MEDICAL TREATMENT FORM

THIS FORM WILL ACCOMPANY YOUR CHILD TO HOSPITAL IN THE EVENT OF AN EMERGENCY. PLEASE PROVIDE DETAILED INFORMATION TO ENABLE THE MEDICAL STAFF (WHO WILL NOT KNOW YOUR CHILD) TO BE ABLE TO BEST SUPPORT YOUR CHILD. THIS SHOULD INCLUDE ANY ADDITIONAL NEEDS DIAGNOSIS OR BEHAVIOURAL SUPPORT NEEDED.

CHILD'S NAME:	
DATE OF BIRTH:	
Does your child have any known illnesses or allergies (including any diagnosis of SEN and Additional Needs) ? If YES please detail:	YES/NO
Is your child on regular medication? If yes please detail and list medication and dosage	YES/NO
Please list any other relevant medical information (including any additional needs)	
Parent/Carers Name: Address: Contact Number/s:	
Additional Emergency Contact Name: Number:	

In the event that my child is involved in a serious incident while at Halton Play Council Children's Services, I expect the Manager or delegated member of staff to contact me or the additional emergency contact immediately on the above contact number/s. If my child requires medical treatment before I will be able to get to the hospital, I hereby authorise the Manager or delegated member of staff to consent to emergency medical treatment on my behalf. I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signature of Parent/Carer Dated

Halton Play Children's Services, 10 Mersey Road, Runcorn, WA7 1DF

Tel. 01928 574087 / 07814 297913

