

**St Cuthbert with St Matthias Play Centre  
Child Information Form**

<b>Child's Name:</b>		<b>Home Address:</b>	
<b>Child's Date of Birth:</b>	<b>Age:</b>		
<b>Email:</b>		<b>Contact Numbers:</b>	
<b>Parent/carers Name:</b>		<b>Home:</b>	
		<b>Mobile:</b>	
		<b>Work:</b>	

**Arrangements for collection:**

My child will make his/her own way home      My child may be collected by the following people:

By: \_\_\_\_\_ (Time)      \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**My Password is:** \_\_\_\_\_

\*we ask that you set up a password, so anyone else collecting your child use this.

**Emergency Contact Information**  
 Please note we require **Two** emergency contacts both of whom should live locally.

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>Telephone:</b>

**Medical Information**

<p>Please indicate if your child has an illness or injury which might affect them whilst attending Play Centre :</p> <p>Special educational needs      <input type="checkbox"/></p> <p>Asthma      <input type="checkbox"/></p> <p>Allergies      <input type="checkbox"/></p> <p>Epilepsy      <input type="checkbox"/></p> <p>Other.....</p> <p>.....</p> <p>.....</p>	<p>Please indicate any allergies and medication taken:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name of Doctor:</p> <p>Tele No:</p>
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### Declaration

I agree to inform the school as soon as possible of any changes in the medical or other circumstance of my son/daughter between now and the end of play centre.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorises present in the event that all contacts are unavailable.

<b>Full Name:</b>	<b>Date:</b>
<b>Signature:</b>	

### Parental Consent Form for School/Play centre commissioning the use of Photography and Publications.

#### To be read by the Parent/carers of the child:

The school/play centre would like to take photographs of your child/ren to use for promotional purposes.

These images may appear on our printed publications, display boards or around the school.

To comply with the Data Protection Act 1996, we need your permission before we take any photographs of your child. Please complete the following sections below, then sign and date the form where shown.

<b>Full name of child:</b>		
<b>Full name of Parent/carer:</b>		
<b>May we use the image of your child for display and publication purposes within the school?</b>	<b>Yes</b>	<b>No</b>
<b>May we use his/her image on our school website?</b>	<b>Yes</b>	<b>No</b>

Please note your personal data will be only used to provide appropriate pastoral care. All information will be handled in line with GDPR (General Data Protection Regulations)

This data will be handled by St Cuthbert with St Matthias Primary school and in an event of an emergency, the medical professionals.