



## Registration Form

ONE REGISTRATION FORM MUST BE COMPLETED PER CHILD AND  
SIGNED BY PERSON WITH LEGAL PARENTAL RESPONSIBILITY  
PRIOR TO ANY BOOKING

Child's full name		
Date of Birth		
Parent/Carer: Name: Address:	Parent/Carer: Name: Address:	
Day time contact no:	Day time contact no:	
Mobile No:	Mobile No:	
Work No:	Work No:	
<b>PLEASE INFORM US IF EITHER PARENT DOES NOT HAVE LEGAL PARENTAL RESPONSIBILITY (SEE INFORMATION SHEET ATTACHED FOR DEFINITIONS)</b>		
Emergency contact 1 during club hours (This will be the first person we will call)	Name: Relationship to child: Telephone:	
Emergency contact 2 during club hours	Name: Relationship to child: Telephone:	
Details of persons authorised to collect child from club. This person must be over 16. <i>We will not allow the child to leave with anyone else unless we have parental permission</i>	Name:	Relationship to child:
	Name:	Relationship to child:
	Name:	Relationship to child:



## Health and Medical Information

<p><b>Child's Doctor</b></p>	<p>Name: Surgery address:  Telephone:</p>
<p><b>Please list any allergies your child has and what medication they need for these (if any)</b> If your child has been prescribed medication for allergies the club will need to store these on site, together with a protocol for their use from the prescribing GP or hospital. It will be your responsibility to provide these and to ensure that they are in date for use.</p>	<p>Please give details of the allergy/allergies and the names of any medications that have been prescribed:</p>
<p><b>Please list any other diagnosed medical conditions that your child has which require medication</b> If your child has been prescribed medication for long term medical conditions the club will need to store these on site, together with a protocol for their use from the prescribing GP or hospital. It will be your responsibility to provide these and to ensure that they are in date for use.</p>	<p>Please give details of the medical condition(s) and the names of any medications that have been prescribed:</p>
<p><b>Please list any other medical or health conditions or other particular needs (educational or otherwise) that your child has that the club staff should be made aware of</b></p>	<p>Please give details of your child's condition(s) and needs:</p>
<p><b>Please list any particular dietary needs that your child has which may affect them during their time at the club.</b></p>	<p>The club provide healthy snacks in each session. Is there anything we should know about your child's dietary needs which may affect this provision?</p>
<p><b>First Aid Consent</b> A fully qualified first aider will always be on site during the club's opening hours. Parents will be informed of any first aid treatment that has been given to their child.</p>	<p>Do you give your consent for your child to receive first aid treatment from a qualified First Aider while they are at the club? <b>Yes</b> <b>No</b> If yes, is your child allergic to sticking plasters? <b>Yes</b> <b>No</b></p>
<p><b>Emergency treatment permission</b> In the event that your child should need emergency medical treatment by a doctor or paramedic.</p>	<p>Would you authorise the play leader in charge to sign any written form of consent for medical treatment <b>ONLY</b> if the delay in getting your signature is considered by the doctor or paramedic to endanger your child's health and safety? <b>Yes</b> <b>No</b></p>



---

## Additional Information about your child

Does your child have any special interests or hobbies?	
Does your child have any particular dislikes or fears?	
Please tell us any other information about your child that you feel is relevant.	

## Parental Declaration

- I have read the terms and conditions of Houghton Primary School Out of Hours Club and agree to follow its policies and procedures.
- I understand HPSOSHC Policy and Procedure on Child Protection. I know that HPSOSHC has a duty to report suspected child abuse (neglect, physical, sexual or emotional).
- I understand that HPSOSHC may need to share information with other professionals and that they will inform me and seek my permission as necessary.
- All the information I have given on this form is correct at the time of signing. I will ensure that I will inform staff of any changes to this information promptly.

**Signed:**

**Date:**

### Custody and Court Orders

Are there any court orders affecting your child?

**Yes**

**No**

If yes, please indicate which court made the order and the date:

---

Please provide the club with specific details  
(e.g. residence, contact/access, prohibited steps, specific issues)

---



## Use of Images

Photographs are a great way of preserving memories of your child's time at the club.

During the course of club activities a camera is available for staff and children to use. The images will be used for display within the club or for project work that the children are engaged with.

We may use these photographs in publicity material for the club e.g. newsletters, club flyers, school website etc. We may also send photos to the local press along with an article about a particular event or activity.

There may be occasions when we invite the local press photographer in to take photographs of particular activities, celebrations or special events so that the photograph can be used by local newspapers. Staff are always present on these occasions and the photographer must show a cleared CRB check before entrance to the club.

Our staff undertake regular courses and are sometimes required to submit coursework as part of their assessment. They may be required to illustrate coursework with photographs of activities and/or events which include children.

**We need your permission for photographs of your child to be taken and used for these purposes. We will not allow your child to be photographed without your permission. Please complete the following permission form:**

**I am the parent/legal guardian of the child named below and I give permission for my child to be photographed whilst in the care of HPSOSHC under the terms and conditions outlined above and for the following purposes:**

Purpose	Please tick if you give permission
Displays in club building	
Photo Albums available to children, parents, staff and authorised visitors	
Printed Media e.g. publicity leaflets, newsletters, posters etc	
School website	
Staff Coursework	
Press Releases (local newspapers) with child's first name	

**Child's Full Name:**

**Parent Name:**

**Parents Signature:**