

Days of Hope Playscheme - Registration form

Name of child.....Date of birth.....
Address.....Tel:.....
.....
PostCode..... Work:.....

E-mail address
Mobile number

Name, address and telephone number of person collecting your child if different from above
.....
.....
.....Tel :.....

Name, Address of Doctor.....Dr Tel No:

Does your child have any allergies to food or medicine? Please give details

In the event of an accident would you consent to your child being taken to hospital and if necessary be given an anaesthetic and other treatment? **YES/NO**

Does your child have any special needs? Please give details **YES/NO**

Does your child suffer any recurring illness? i.e. Diabetes, Asthma etc. Please give details **YES/NO**

I authorise a Woodcraft leader/first aider to administer the following medicine (give dose): -

Has your child had anti-tetanus/ immunisations? If so when **YES/NO**

Is there anything your child should not eat or drink? Please specify

I understand that whilst my child is attending the playscheme I as parent/carer am still responsible for the child. However I further understand that Woodcraft Folk leaders have a duty of care towards my child on events (as programmed) including short visits in the locality. (e.g. park, riverside walk, Fernhill allotments).
Please note that in exceptional circumstances to safeguard a child, we may share information with other appropriate agencies/organisations.

Please inform us of any changes. Details will be retained on a confidential database held by the group leaders only. This information is crucial should your child have an accident or become ill whilst in our care.
I agree to this information being retained on this basis.

Please note your child may appear in publicity items generated by the group i.e. newspaper articles /photographs/web page. Please inform us if you are unhappy with this.

Signed.....Parent/Guardian Date.....

Thank You