**EMERGENCY CONTACT FORM – VWA CARE CLUB**

**Emergency Contacts (please complete all information)**

Please list in which order you wish the school to contact the above in the case of an emergency e.g.: 1.2.3.4…………..

|  |
| --- |
| **Child**First name(s) …………………..………….…………….…..… Surname .…………………...………..……..…………Address …………………………………………………………………………………………………………...… Date of Birth ………….… Tel No. ………...……….. Email address……………………………………………….. |
| **Please provide us with a password, should somebody unknown to us need to collect your child**:………………… |
| **Parental/Guardian Information** PLEASE COMPLETE ALL INFORMATION**MOTHER**Surname ……………………………………………..……. First name ……………………………………...…………... Address …………………………………………………………………………………………………………………….**FATHER**Surname ………………………………………..…...…….. First name ………………………………………………..…. Address …………………………………………………….……………………………………………………………… |
| **Doctors name and address** …………………………………………………..Tel no ……………………………….... |

**Medication Details**

Does your child have any allergies? YES/NO If so, what …………………………………………………………….

…………………………………………………………………………………………………………………………. Does your child take any regular medication (incl. inhalers)? YES/NO If so, what?………………………………..…..

…………………………………………………………………………………………………………………………. Details of any conditions e.g.: epilepsy, asthma or allergies: penicillin, insect strings, elastoplasts, sun intolerance etc.

………………………………………………………………………………………………………………………….

|  |  |  |
| --- | --- | --- |
| **1.** | **Mothers day time contact number and address:** | **Home no. …………………………………………...…** |
|  | **………………………………………………….** | **Work no. …………………………………….…………** |
|  | **………………………………………………….** | **Mobile no. ………………………….…..……………..** |
| **2.** | **Fathers day time contact number and address:** | **Home no. …………………………………………...…** |
|  | **………………………………………………….** | **Work no. …………………………………………….…** |
|  | **………………………………………………….** | **Mobile no. …………………………..……………..…** |
| **3.** | **Any other point e.g. grandparents, neighbour** | **Home no. ……………………………………….…..** |
|  | **……………………………………………..…..** | **Work no. ……………………………..………….....** |
|  | **……………………………………………..…..** | **Mobile no. …………………………………...…..….** |
| **4.** | **Any other point e.g. grandparents, neighbour** | **Home no. ……………………….…………………..** |
|  | **………………………………………………….** | **Work no. ……………………..…………...….…….** |
|  | **………………………………………………….** | **Mobile no. ………………..……………………...….** |

**SIGNATURES**

In order for us to hold certain information about your son/daughter, we need your consent. Please read the following statements carefully and sign each one to give consent. If you would like to speak to someone about the necessity of us keeping this information, please let us know.

I/we give permission for my my/our child to be taken to hospital in the case of an emergency for medical treatment. I/we give permission for a member of staff to sign emergency medical treatment consent forms in my/our absence.

If I/we cannot be contacted and the doctor advises that treatment is urgently required. I/we give consent ***yes /no Signed …………………………………………parent/guardian Date ………………………..***

***(reason for refusal of consent (eg religion)………………………………………………………………………………….***

I/we give explicit consent to the holding of information of my/our son/daughter’s health, disabilities, religion, race/

ethnic origin again for equal opportunity purposes.

***Signed ……………………………………………… parent/guardian Date ………………….***

**Ethnicity :**

**Home Language:**

**Religion:**

I/we give permission for my/our son/daughter to be photographed and/or videoed during school events. This will be for the purpose of record keeping of events and will not be used for any other purpose.

***Signed ……………………………… …………………...……………… parent/guardian Date …………………..***

I/we give permission for my/our son/daughter to be photographed for advertising purposes (local paper, O.O.S.C. Web Site etc.)

***Signed ……………………………… …………………...……………… parent/guardian Date …………………….***

|  |
| --- |
| I/we give permission for my/our son/daughter to taken out of care club for local visits either by foot or by travelling in the school mini bus***Signed ……………………………… …………………...……………… parent/guardian Date …………………….*** |
|  I/we give permission for my/our son/daughter to have their face painted and watch films rated U and PG.  ***Signed ……………………………… …………………...……………… parent/guardian Date …………………….*** |
|  If there is any other information that you feel we may need to know about then please state here: |