



**EARL STERNDALE CE PRIMARY SCHOOL**  
**EARL STERNDALE**  
**BUXTON**  
**DERBYSHIRE**  
**SK17 0BS**

**Headteacher: Mr D Holden**

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**Earl Sterndale CE Primary School**

**Breakfast Club / After School Club - Registration, Health & Consent Form**

Child's Name.....

Preferred Name.....

Address.....

Postcode.....

Date of Birth.....

Year group.....

Please give details of all people who have parental responsibility.  
Place them in the order that you wish them to be contacted in an  
emergency.

Name.....

Relationship.....

Address.....

Postcode.....

Mobile Number.....

Home Number.....

Work Number.....

Place of work.....

Name.....

Relationship.....

Address.....

Postcode.....

Mobile Number.....

Home Number.....

Work Number.....

Place of work.....

Please provide details of 2 additional people, aged over 16, who can be contacted in an emergency and with permission to collect your child. Please also include a password.

**PASSWORD** for collection purposes.....

Name.....

Relationship.....

Address.....

Phone Number.....

Name.....

Relationship.....

Address.....

Phone Number.....

**Health**

Please give details of any known medical conditions for your child.

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Does your child have a Health Care Plan at school?

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Does your child require medication, **prescribed by a doctor**, to be given during club times? If yes, please give details

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Does your child have any allergies?

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Does your child have any special dietary needs?

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Is there any other relevant information e.g. special educational needs?

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**Emergency Medical Treatment**

In the event of your child needing emergency medical treatment whilst at Breakfast Club or After School Club they will be taken to hospital. Members of staff will make all reasonable efforts to contact you. The hospital will follow its own guidelines on giving emergency treatment without parental consent.

In the event of an emergency, I agree to the Breakfast Club / After School Club staff taking appropriate medical action.

Yes  No

Signed.....

Date.....