Berkswich CE Primary School
Cedars Before and After School Care Club Registration Form
Please complete in block capitals.

First name:	
Surname:	Date of Birth:
Home Address:	
First Contact Parent/Carer/Relative Name: Address if different to above: Postcode: Telephone: Home: Work: Mobile: Relationship to child: Parental Responsibility: Yes / No	Second Contact Parent/Carer/Relative Name: Address if different to above: Postcode: Telephone: Home: Work: Mobile: Relationship to child: Parental Responsibility: Yes / No
Please add the details of any family member or friend who is authorised to collect your child.	
Contact 1 Name: Relationship to child:	Mobile: Telephone:
Contact 1 Name: Relationship to child:	Mobile: Telephone:
Contact 1 Name: Relationship to child:	Mobile: Telephone:
Security Password: This is to be used if anyone other than a first or second contact is collecting your child. **Please note that it is Cedars policy to contact parents if a password is not given or is incorrect**. A child is never released without this. Please remember to make a note of your chosen password and contact a member of staff if you need to change it or receive a reminder of your chosen word. **My chosen word is:**	

Doctor:

Name of Surgery

Address:

Please could all parents/carers inform the Cedars manager if your child has a health care plan. We will need to take a copy for our cedars records. If your child develops an illness and needs medication in school, the school administration of medication policies and any health-related school policies will be followed.
It is the parents'/ carers' responsibility to inform the Cedars manager if any medication or health information needs updating. Policies can be found via the school website (www.berkswichprimary.co.uk).

Allergies - please list any items which may cause an allergic reaction.

Item:	Reaction and treatment:

With your permission, at the time of registration, we use school registration forms to gather information on your child's medical/health concerns or additional needs (if any) in order to provide appropriate care and ensure your child's happiness, wellbeing and safety whilst in Cedars. Please note that this is only at the time of registration and any changes to your child's health or needs must be communicated to the Cedar's manager (even if you have informed school).

Please note any health or other needs which may only affect wrap-around care and let us know as soon as any details change:

Please note that Cedars use the parental permissions (for use of photographs, technology, etc.), completed as part of the school registration process. Please contact Cedars if you would like to amend any of these for use within the wrap-around care club. Circle choices as appropriate.

- I give/do not give permission for my child's school registration information and parental permission form being shared with Cedars; this will include medical information, contact details and any relevant additional needs which staff would need to know to ensure the safety and support of my child whilst attending Cedars.
- I understand that registration and medical information will be held by Cedars until my child leaves the school, or I wish to withdraw my child's registration.
- I understand that it is the parents'/carers' responsibility to inform Cedars staff if any information regarding my child changes.
- I have read and understood the Payment, Fees and Payment Policy and agree/do not agree with this as the conditions of my child taking a place in Cedars.
- I accept/do not accept (*please circle as appropriate*) that I will be charged a set fee for late collection or late payment as set out in the Booking and Payment Policy.
- I give/do not give permission for my child to have their photo (without name) in a Cedars newsletter. This is distributed to all parents and carers in school and also to prospective new families to school.

Name of child

Name of person with parental responsibility signing this agreement:

Signed:

Date:

Cedars Emergency Medication and Treatment Consent Form

As always, the happiness and safety of your child is of paramount importance at Cedars. This form ensures that staff have access to the information needed to support any medical needs your child may have. Every effort will be made to contact parents or carers in the case of an emergency. If you are unavailable, this Emergency Consent form allows you to provide consent for your child's emergency care. This form does not provide staff with permission to administer medications in school. Please see the Cedars area of the school website (www.berkswichceprimary.co.uk) for policies related to medication whilst your child is part of the school care club.

Full name of child:

Date of birth of child:

I _____ (name of parent/carer):

- give permission for Cedars staff to access the medical information held on the application form completed as part of the school registration process.
- understand that it is the parents'/carers' responsibility to ensure that any changes in medical needs of the child named above are communicated to the Cedars manager (please note that any information changes always need to be passed directly to both the school and to Cedars).
- agree to the person in charge of the Cedars session giving consent on my behalf, should the necessity arise, for an anaesthetic to be administered or for any other urgent medical treatment to be given.

By signing below, I agree to my child named above receiving medication as instructed, and any medical, dental or surgical treatment including a blood transfusion and anaesthetic as considered necessary by the medical authorities.

Signature of parent/carer:

Name of parent/carer:

Date:

Checked by: **(to be completed by Cedars manager)**

Date: