



Sportacus Wrap Around Care

07897 932 884

Info@Sportacus.co.uk

WRAP AROUND CARE APPLICATION FORM

CHILD'S INFORMATION		
Child Name:	Surname:	Known as:
Ethnicity:	Date of Birth:	Age:
School Attended:	School Year:	Class Name:
Current address:		
Language spoken:		
PARENT/CARER INFORMATION		
Name:		
Address:		
1st contact number		
2nd contact number		
Email address:		
EMERGENCY CONTACTS		
First Contact	Second Contact	
Name:	Name:	
Contact number:	Contact number:	
Relation to child:	Relation to child:	
MEDICAL INFORMATION		
List any medical conditions or pre-existing injuries (including allergies.)		
Does your child need to take medication whilst attending the club?	YES / NO	
Doctors name:	Contact number:	
Does your child have any additional needs?	YES / NO	
Does your child have a care plan?	YES/NO	
Are there any foods/drinks your child is not allowed to consume? If YES, please list below.	YES / NO	

CONSENT

Whilst attending the breakfast/after school club do you the parent/carer give consent for your child to participate in the following:

Photographs

I agree that my child can be photographed by staff, for the sole purpose of use within the club.

I understand that these photographs will only be used for educational (EYFS) recordings, displays within the club and any club-based activities.

I understand these photographs will not be used for any further promotions or media marketing without further request and consent.

YES / NO

Application of sun cream

I agree that my child can have their own sun cream (provided by parent/ carer) and apply it to themselves.

YES / NO

NOTE: WRAP AROUND CARE STAFF WILL SHARE RELEVANT INFORMATION IF DEEMED NECESSARY FOR THE SAFETY AND WELL BEING OF YOUR CHILD.

CHILD COLLECTION

Please indicate who will be collecting your child from the club on a regular basis.

Name and address

1st contact number

2nd contact number

Relationship with child

Please allocate a password to be used on collection of your child:

If someone other than the people listed above is collecting your child, you MUST notify the club leader with the details of who will be collecting your child and that person must use the password you have registered with us

In the event of illness or accident requiring medical treatment, I hereby give my consent for the club staff to seek medical advice

As the parent/carer of the named child I declare the above information to be correct and give consent for the Wrap Around care staff to care for my child as indicated.

I will inform the Sportacus wrap around care staff of any changes to this information immediately.

Signature of parent/carer

Date:

Signature of Sportacus Manager

Date:

Due to (please circle): Preference Religion/Allergy Other