***Lydia’s After S’Cool & Holiday Klub (LASK)***

**Updated Data sheet July 2013**

**Child’s Details**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | First language: | School of Attendance and year group: |

**Parent/Guardian details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First name: | | Surname | | Title: | First name: | | Surname | |
| Home address: | | | | | Home address (if different): | | | | |
| Does this child normally live at this address? Yes / No | | | | | Does this child normally live at this address? Yes / No | | | | |
| Work address: | | | | | Work address: | | | | |
| Home number: | | Mobile number: | | Work number: | Home number: | | Mobile number: | | Work number: |
| Email address: | | | | | Email address: | | | | |
| Does this person have parental responsibility? **Yes / No** | | | | | Does this person have parental responsibility? **Yes / No** | | | | |
| Does anyone else have parental responsibility for this child? **Yes / No** (If yes, please provide details on separate sheet.)  Are there any legal contact arrangements that we need to be aware of? **Yes/No** (If yes, please provide details on separate sheet.) | | | | | | | | | |

**Emergency Contact Details** (please provide details of two people we can contact if we are unable to get hold of you)

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

**Child’s Doctor**

|  |  |
| --- | --- |
| Name of Doctor: | |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has: (please provide full details, use a separate sheet of paper if required) |
| Please detail any dietary requirements/ food allergies for your child: (please provide full details) |

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers. In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health & safety of my child on my behalf.

**Signature of Parent/Carer……………………………………… Date:………………………………………………….**