

**PERMISSION SLIP/MEDICAL DETAILS FOR AFTER SCHOOL CLUBS**

CHILD'S NAME:			CLASS:	
AFTER SCHOOL CLUB(S):				
CONTACT DETAILS:	<div> <div>Home:</div> <div>Work:</div> <div>Mobile:</div> </div>			
Is your child currently taking any medication, if YES, please give details:				
Does your child need an inhaler:	YES/NO			
Does your child need an Epi-pen:	YES/NO			
Does your child have any allergies, if so please give details:	YES/NO			
Doctor's name and contact details, including telephone number:				
Date when your child last had tetanus jab if known:				
I will be collecting my child from school after the club:	YES/NO			
My child will be collected by:				
If applicable, I give permission for my child to walk home alone:	YES/NO			
My child will be going to FUNDays at the end of the club:	YES/NO			
I have read the terms and condition:	YES/NO			
<p>I give permission for my child to take part in the after school club(s) as detailed above and understand that if my child is disruptive and/or disrespectful to other club members or the coaches, they will be asked to leave the club and no refund will be given. I understand that I must inform the school if they will not be attending a club for any reason.</p> <p>I understand that the teacher will act 'in loco parentis' if they are unable to contact us in the event of an emergency.</p> <div> <div>Signed:</div> <div>Date:</div> </div>				