

# Skool Is Out Holiday Clubs

## PERSONAL PLAN/REGISTRATION FORM

<b>Child's name (in full)</b>		
<b>Address</b>		
	<b>Post Code:</b>	
<b>Date of Birth</b>		
<b>School details</b>	<b>School:</b>	
<b>Culture or religion</b>		
<b>Name of parent(s) or carer(s) and relationship to child</b>		
<b>Additional parent address (If different from child's home address)</b>		
<b>Email address</b> (We will generally correspond via email, please provide accurate and up-to-date addresses. Your details will not be passed on to anyone else.)		
<b>Telephone numbers</b> It is very important that we have accurate and up-to-date numbers to ensure that we can contact you in an emergency	Name: Home: Work: Mobile:	Name: Home: Work: Mobile:
<b>Emergency Contacts</b> Emergency name and address of persons who may collect your child from the club if you are unable to collect. Emergency contacts must be over 16 years of age and we may ask to see identification if in any doubt.	<b>Name:</b>	<b>Address:</b>
	<b>Name:</b>	<b>Address:</b>
	<b>Name:</b>	<b>Address:</b>
<b>Details of your Child's Doctor</b> In case of a medical emergency, please provide details of your child's GP here.	<b>Tel:</b>	<b>Tel:</b>
	<b>Name:</b>	<b>Tel:</b>
	<b>Name:</b>	<b>Tel:</b>
<b>Additional Needs</b> Please indicate any additional needs your child may have in terms of health, safety, welfare, disability, allergies, specific dietary requirements or anything else you consider to be important.		
<b>Allergies</b> Please indicate any <u>allergies</u> that your child has, including food allergies and dietary requirements.	<b>Foods that child is allergic to:</b>	
	<b>Other allergies:</b>	
<b>Emergency Medication</b> If emergency medication is required you will need to complete a separate care plan.	<b>Emergency medication required:    yes        no</b> <i>If yes please provide details on separate care plan</i>	

## Other consents/health & safety needs

### Emergency Treatment

In the event of an accident to my child whereby emergency treatment may be required, I, as parent/carer hereby *give consent/do not give consent* (please delete as appropriate) to any measure, including surgery, blood transfusion or the administration of anaesthetic, which the medical officer in charge considers essential and I discharge Skool is Out Ltd. from any legal liability arising from such circumstances.

Parent/carer sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Local Trips

Some of the routine activities of this club may involve visiting Bruntsfield Links/Meadows, local shops or Tollcross or Melville Drive play parks on foot. For your child to take part in these activities, you must give your permission. Any outings further afield will require separate permission slips provided by the club.

**I agree to my child taking part in supervised trips to the Links, Meadows, Melville Drive Park, local shops or to Tollcross Play Park:**

### Face Painting

**I agree to my child/children having their faces painted from time to time:**

### Application of Sun cream

The children are encouraged to play outdoors as much as possible therefore we advise that you supply sun cream for your child clearly labelled with your child's name.

**I will supply my child with their own sun cream where appropriate:**

*Skool Is Out will have a supply of sun cream as a backup if necessary.*

**I agree to my child using Skool is Out's Sun cream (Factor 30 or more):**

**I give permission for the staff of Skool Is Out to assist my child applying sun cream (if necessary):**

### Photo consent for your child

Skool Is Out may take photos of your child while they are at play for use in providing evidence of activities for the Care Inspectorate, for displays within the clubs, in our parent newsletters or on our website. Please indicate below whether you and your child give your consent for us to display photos of your child.

**I/my child give consent for photos to be displayed in the club:**

**I/my child give consent for photos to be displayed in parent newsletters:**

**I/my child give consent for photos to be displayed on the Skool Is Out website:**

(Password Protected area only)

***I have read and understood the terms and conditions associated with enrolment in Skool Is Out as detailed within our Parent Contract Agreement (found online) and our policies & procedures, and agree to adhere to these while my child is enrolled within our clubs. I also confirm I have read, understood and agreed to Skool Is Out's Privacy Statement:***

**Name of parent/carer:**

**Signature of parent/carer:**

**Date:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*In line with the relevant legislation, Children's Personal Plans should be reviewed and signed off every 6 months.*