



Probus School Wraparound Registration Form

Name of Child: _____

Date Of Birth: _____

Year Group: _____

Collection Password to be used:

PARENT/GUARDIAN INFORMATION:

Parent/Guardian name: _____

Address: _____

Phone number: _____

Emergency phone number: _____

Does your child have any allergies including Plasters?

Conditions requiring special consideration (medical/physical):

Does your child require: **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

Name of Doctor:

Doctor Phone Number:

Emergency Contact:

Relationship to student: _____

Phone number: _____

Work phone number: _____

Mobile number: _____

Second Emergency Contact:

Relationship to student: _____

Phone number: _____

Work phone number: _____

Mobile number: _____

Photographic Consent: We will use the consent currently held on Arbor for your child. If you wish to amend this, please contact the school office

Suncream: Do you give permission for your child to have sun cream applied whilst in Wraparound if required?

Accidents:

Minor accidents may happen whilst your child is in wraparound; these will be dealt with by a first aid trained member of staff. Should there be a more serious accident the staff will make every effort to contact you as soon as possible but they may have to accompany your child to hospital in your absence.

Do you give permission for staff to accompany your child to hospital and to authorise staff to administer essential treatment until you arrive?

Do you hold any religious beliefs we need to consider should you child need medical attention?

I agree that probus Primary School's Wraparound may hold the information I have given for the purposes of managing the provision and will ensure any details that change are updated.

Signed: _____

Date: _____