

OAKDENE OUT OF SCHOOL CLUB

DATA FORM

Child's Full Name	
Name to be used at the Club	
Date of Birth	
Gender	
Ethnicity	
Religion (if any)	
Languages Spoken	
Names of Parents/Carers	
Home Address	
Telephone Number	
Details of significant health issues (including special educational needs &/or physical disabilities statement)	
Details of special dietary requirements, allergies & significant food and drink preferences.	
Any other relevant information?	

Please give details of people who you authorise to collect your child on your behalf.

Name	Relationship to child	Telephone numbers

Please give details of all people who have responsibility and anyone you wish to be contacted in an emergency - placed in the order of preference in which you want these people to be contacted.

Priority	Name	Relationship	ALL Contact Numbers for period of Out of School/Breakfast Club
01			
02			
03			
04			

Name of Doctor	
Address of Doctor	
Telephone Number	

I confirm that the information given is correct, and I promise to contact the school office as soon as the details change.

Signature of Parent/Carer

Printed name of Parent/Carer

Date