



Emergency Contact Information

Child's Name	
Address	
Email Address	
Mother's Name & Mobile Number	
Father's Name & Mobile Number	
Father's Address (if different)	
Other People Authorised to collect my child	Name: Address: Telephone:
	Name: Address: Telephone:

I give these people permission to be contacted/collect my child from ALL STARS After School Club.

Signed:.....Date:.....

Child's Doctor	
Address	
Telephone	

Please give details of any problems/allergies/special dietary requirements your child may have in the space below:

I give permission for staff at the setting to seek any necessary emergency medical advice or treatment for my child (named above)

Signed.....Date:.....

I give permission for staff at the setting to change my child's clothing should they require (named above)

Signed.....Date:.....

I give permission for staff at the setting to apply sunscreen supplied by me/the setting to my child (named above)

Signed.....Date:.....

I give permission for ALL STARS Club to take photographs of my child to be used for the club's own use records or to promote the club.

Signed.....Date:.....

I give permission for my child to take part in water play activities.

Signed..... Date

I give permission for my child to have face paints, makeup and removal tattoos applied.

Signed..... Date