

PLAYSCHEME BOOKING FORM

Playscheme attending:

Days/All Week:

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Name of Child:

Age:.....

Date of Birth:.....

Address:.....

.....Postcode:.....

Name of Parent/Guardian:

.....
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Home Tel No:

Emergency Tel No:

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Doctor's Name:.....

Telephone Number:.....

Address:.....

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Other Contacts:

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School:.....

Language:.....

Medical Conditions:

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Special Requests:

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I agree that if my child requires urgent medical attention whilst attending Playscheme and all efforts have been made to reach the emergency contact, then the most senior member of staff present is authorised to give consent on my behalf. I agree to the conditions set out in this leaflet.

Signed Parent/Guardian.....

Date:.....

Staff Signature:.....