**Holiday Activities with Food Registration Form**

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| **PARENT/GUARDIAN INFORMATION** | | | |
| **Name** |  | **Address** |  |
| **Phone Number** |  | **Email** |  |
| **Are you the parent or legal guardian? Y/N** | |  | |
| **Do you have parental responsibility? Y/N** | |  | |
| **Do you have legal contact? Y/N** | |  | |

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| **Child Details** | | | |
| **Name** |  | **Address** |  |
| **Date of birth** |  | **Gender** |  |
| **School** |  | **Year** |  |
| **Ethnicity** |  |
| **Does your child receive Free School Meals? Y/N** | |  | |
| **Is English your first language? Y/N** | |  | |
| **Does your child normally live with you? Y/N** | |  | |

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| **Contact and Collection Information (Minimum of two people are required)** | | | |
| **Name person 1** |  | **Relationship** |  |
| **Phone Number** |  | **Additional Information** |  |
| **Address** |  | **Address** |  |
| **Name person 2** |  | **Relationship** |  |
| **Phone Number** |  | **Additional Information** |  |
| **Address** |  | **Address** |  |

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| **Medical Information** | |
| **Does your child have any additional needs or disabilities?** |  |
| **Does your child take any medication?** |  |
| **Doctor’s address, telephone number. \*** |  |
| **Social care workers name, address, and telephone number (if applicable)** |  |
| **Any other professionals who have regular contact with your child, name, address, and telephone number including SNIPS Workers or MAST workers, name, address, and telephone number** |  |

**Please note due to the nature of some activities, not all activities are suitable or accessible for children with SEND. If you have any concerns, please contact the provider directly to discuss**

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| **Please list all medical information including anything stated above. Please note this is the information that the Holiday Club Provider will use on a daily basis** | |
| **Medical Information - Mild** |  |
| **Medical Information – Serious** |  |
| **Medical Information – Life threatening** |  |

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| **Please list all Special Education needs (SEN) including anything stated above. Please note this is the information that the Holiday Club Provider will use on a daily basis** | |
| **Minor** |  |
| **Moderate** |  |
| **Severe** |  |

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| **Please list all allergies or dietary requirements including anything stated above. Please note this is the information on a daily basis** | |
| **Allergies / Intolerances** |  |
| **Lifestyle** |  |
| **Medical** |  |

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| **Any other relevant information that the Holiday Club Provider may need to be aware of** | |
| **Additional Information** |  |

**Please tick all relevant boxes:**

** Do you give consent for members of staff at the club to apply sun cream to your child in hot conditions?**

** Do you consent permission to use photos on advertising and or social media?**

** Do you consent for staff and emergency services to administer first aid in an emergency?**

**Do you give permission for photos to be taken of your child and shared with the Department for Education for publicity and monitoring purposes?**

**Do you give permission for photos to be taken of your child and shared with Sheffield City Council (Healthy Holidays) for publicity including use on social media?**

**Do you give permission for videos to be recorded of your child and shared with Sheffield City Council (Healthy Holidays) for publicity including use on social media?**

**Is your child able to walk home alone? This might not be suitable for all activities**

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