



St Margaret's School

Exeter

Headmistress: Mrs Sheila Cooper
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Exeter, Devon
EX2 4TS

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Holiday Club Registration Form

Name: _____

Date of Birth: ____ / ____ / ____ Gender: _____

Address: _____

Postcode: _____ Email Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

Mobile Telephone Number: _____

School Attended and Year: _____

Religion (if any): _____

First Emergency Contact: _____

Telephone Number: _____

Second Emergency Contact: _____

Telephone Number: _____

Doctor's Name: _____

Practice Name: _____

Medical Conditions: _____

Allergies or Dietary Restrictions: _____

Regular Medication: _____

Any further special needs or requirements (eg. dress / toileting / language issues)

Persons authorised to collect from St Margaret's Holiday Club:

- I do / do not consent to photographs of my child being taken and used in print or on the School website (no names will be used).
- I do / do not consent to my child being assisted to use sun lotion as required (any allergies should be noted separately).
- I do / do not consent to my child being taken out of the buildings and grounds of St Margaret's School on outings in the local area (further consent will be sought for outings further afield).
- I do / do not consent to the Holiday Club Leaders (or other qualified First Aider) treating my child following an accident.
- I do / do not consent to the Holiday Club Leaders or other appointed person authorising emergency medical treatment on behalf of my child if required.
- I have read the term and conditions of St Margaret's Holiday Club and in signing this form I agree to be bound by these.

Signed: _____

Date: ____ / ____ / ____