

TREE TOPS BOOKING FORM



New Earswick Primary School
Hawthorn Terrace, New Earswick, York. YO32 4BY
T: 01904 806446
E: office@nep.pmat.academy
W: www.newearswickprimary.academy



New Earswick Primary School

YOUR CHILD'S DETAILS

Child's Full Name

Date of Birth

Home Telephone Number

Mobile Telephone Number

Child's Home Address

Alternative Contact Number (Emergencies)

PARENT / CARER DETAILS

	Parent / Carer Contact 1	Parent Carer Contact 2
Name		
Address		
Employers name, address & phone number		
Relationship to child		
Contact telephone number		

MEDICAL, HEALTHCARE AND OTHER SPECIAL ARRANGEMENTS

Name and Address of Doctor

Telephone Number of Doctor

Medication required

Does your child have any special needs?

Illness / medical needs

PICKUP ARRANGEMENTS

Name of person(s) authorised to collect child. Please also give a password for these people to use when collecting the child in this space or send a passport photograph.

1

2

3

4

Please note: People who are not named on this form will not be allowed to collect your child / children without prior consent been given in writing or over the telephone.

CONSENT

1. Do you give permission for your child to receive appropriate medical attention in the case of an accident or emergency? (You will be contacted immediately in such circumstances. If we fail to contact you, a doctor may deem it necessary to proceed with treatment before parental consent can be obtained).

YES

NO

2. Do you give permission for your child to have his / her face painted?

YES

NO

3. Do you give permission for your child to be photographed at the club for publicity purposes?

YES

NO

4. Do you give permission for your child to be photographed at the club for our records?

YES

NO

5. Do you give permission for your child to wear a plaster if necessary?

YES

NO

I declare the above information to be true and promise to contact the club manager if any of the details change.

Full Name of parent: _____

Date: _____

Signature: _____