



All My Friends After School Club

Health Declaration and Emergency Contacts

Childs Name:..... Date of Birth:.....

This form acts as permission for a member of staff to sign any written form of consent required by the hospital authorities if the delay in getting a parental signature is considered by the doctor to endanger your child's health or safety.

Mother's Daytime Telephone Numbers	
Father's Daytime Telephone Number	
Extra nominated Telephone Number	
Details of Immunisations	
Details of Any Allergies	
Details of any currently prescribed Medication.	
Name, Address and Telephone of Family GP	
Family Religious/cultural background	
Any specific diet requirements.	

Unless otherwise directed, your child may be fed food that has been marked as **“may contain traces of nuts”**.

I confirm the above details to be correct.

Signed..... Date.....