



102-108 Castlereagh Street  
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## Afterschool Registration and Health Form

This form must be completed by a parent/legal guardian before your child can fully participate in the After School Club. One form should be completed for each child.

Name of Child \_\_\_\_\_

Home Address \_\_\_\_\_

Post Code: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Work No: \_\_\_\_\_

Tel No: Home \_\_\_\_\_ Mobile: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School \_\_\_\_\_

Class Teacher's Name \_\_\_\_\_ Room \_\_\_\_\_ Class \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Tel: \_\_\_\_\_ Medical No: \_\_\_\_\_

Please give the date of your child's last immunisation against Tetanus \_\_\_\_\_

Any special medical/dietary conditions (e.g. asthma, food allergies, etc)

\_\_\_\_\_

Does your child suffer travel sickness? YES NO



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We would appreciate two alternative contact names and details other than the parent mentioned overleaf who would be able to collect the child in case of an emergency.

1. Contact Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ (e.g. Father, Grandmother etc)

Address: \_\_\_\_\_

Daytime telephone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. Contact Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ (e.g. Father, Grandmother etc)

Address: \_\_\_\_\_

Daytime telephone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Any other comments you feel may be useful:

Please indicate the days you wish you child to attend the club and what time the class finishes:

Day		Time School Finishes
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

In situations where we are unable to contact a parent or relative, do we have permission to take you child to hospital in the event of an emergency?

YES NO



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Please note- to ensure the safety of the remaining children, a member of staff may not be able to accompany your child to hospital.

Signature of Parent/ Legal Guardian

Date

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### **Parental Consent Form**

Child's Name \_\_\_\_\_

1. Do you give permission for Oasis Staff to seek emergency medical attention for your child if you cannot be contacted.  
YES NO
2. Do you give permission for Oasis Staff and childcare students to observe your child (as part of a group) during after school club activities (For training purposes only).  
YES NO
3. Do you give permission for photographs and videos of your child to be taken during after school club activities.  
YES NO
4. Do you give permission for staff to take your child on after school club outings.  
YES NO
5. Do you give permission for staff to apply sun cream if, when on outings, they feel it necessary.  
YES/NO
6. Do you give permission for staff to change your child's clothes if they have an accident.  
YES NO



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**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





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**Oasis Afterschool Club**

**Parent's Declaration Form**

***Important !!***

**\* \* \* \* \***

I  
.....  
.....

Parent / Guardian of

(Child's name)  
.....  
.....

**After a period of absence it is essential that parents notify club staff when their child will be returning to the club in order to facilitate school pick-up.**

I have read and accept the policies and procedures of Oasis After School Club.

S i g n e d  
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D a t e  
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