

DRUMAHOE PRIMARY SCHOOL KADET KLUB



Registration Form

Please complete the details below and return this form to Kadet Klub as soon as possible

Perferred Surname:		Legal Surname: (if different)	
Legal Forename:		Middle Name:	
Perferred Forename:		Gender:	Male/Female
Date of Birth:		Year Group e.g. P3S:	
Address:			
		Postcode:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted.

Parent/Guardian	Relationship to Pupil e.g. Parent/Step-parent:		
Surname:	Forename:	Mr/Mrs/Ms/Miss	Priority 1/2/3
Address:			Postcode:
Home Tel:	Email:	Work Tel:	Mobile:
Parent/Guardian	Relationship to Pupil e.g. Parent/Step-parent:		
Surname:	Forename:	Mr/Mrs/Ms/Miss	Priority 1/2/3
Address:			Postcode:
Home Tel:	Email:	Work Tel:	Mobile:
Other Contact	Relationship to Pupil e.g. Grandparent/Childminder:		
Surname:	Forename:	Mr/Mrs/Ms/Miss	Priority 1/2/3
Address:			Postcode:
Home Tel:	Email:	Work Tel:	Mobile:

Medical Practice:	Telephone:
Address of Medical Practice:	
Medical Information:	
Special Dietary Needs:	

Signature:	Date:
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Drumahoe Primary School Kadet Klub – Consent Form

Permission to contact you by text/email regarding Kadet Klub Yes/No
Consent for your child to use the internet during Kadet Klub Yes/No



Signed: _____ (Parent/Guardian) Date: _____

CONSENT: Medical

In the event of your child, named over, needing immediate medical attention at the Health Centre or Altnagelvin Hospital, the Kadet Klub will make all attempts to contact you. If we are unable to do so, please sign giving permission for your child to be accompanied by an adult from Kadet Klub.

I give my permission for my child to be taken, if necessary to the health centre or hospital for diagnosis and treatment.

Signed: _____ (Parent/Guardian) Date: _____

CONSENT: Travel

On an occasion where transport is required, please sign below if you give permission for your child to travel by Minibus/Board Bus/Board Approved Operator. (Prior notice will be given.)

Signed: _____ (Parent/Guardian) Date: _____

CONSENT: Photographs

Please sign below if you give permission for your child's photograph to be taken in the normal course of Kadet Klub activities. These photographs may be used for general publicity purposes, in the media, on our school website, posters, brochures and other printed material.

Signed: _____ (Parent/Guardian) Date: _____

CONSENT: Changing

In the event of your child needing a change of clothing throughout the Kadet Klub day due to a mishap (Playground/Toilet), we will make all attempts to contact you. If we are unable to do so, please sign giving permission for your child to be changed.

Signed: _____ (Parent/Guardian) Date: _____

CONSENT: Sun Screen

Please sign below if you give permission to top up Sun Screen to your child in the course of the Kadet Klub day.

Signed: _____ (Parent/Guardian) Date: _____

COLLECTION DETAILS:

Please list below names of approved adults who will be collecting your child from Kadet Klub (Children **can not** be collected by their older sibling unless over 18).

Signed: _____ (Parent/Guardian) Date: _____