

# The GAP After School Club

## Care Information/Photography

**Care Information for:**..... D.O.B...../...../.....

Please give details of any allergies, illness, dietary restrictions etc:.....

**DOCTOR:** Details of doctor and surgery with who registered. Dr. ....

**Medication:** ..... Surgery: .....

(Please give dose, frequency and product name) .....

I will notify the GAP of any specific medication which may need to be administered to my child, and understand that I need to complete the consent form.

**Photography:** It is a legal requirement that we request your permission to photograph your child whilst they are attending GAP. We may wish to take photographs during the display purposes, craft and for our own album.

I agree to my child being photographed for the above purposes whilst attending GAP.

Parent/Guardian .....

Date...../...../.....

## GAP Contract of Agreement

The parent(s) of any child attending the project should have read and understood the 'Terms and Conditions' before signing the following declaration.

1. I undertake to explain all appropriate statements to my child and emphasise the importance of abiding by those statements.
2. I understand that should I, my child, or any person nominated to attend the project on my behalf. Contravene any of those statements; it could result in any of persons being expelled from the site, and/or the club. Should this occur, I understand that any monies paid **will not be refunded**.
3. I understand that any decisions made by the organisers will be final.
4. I understand that GAP club needs a terms notice in writing , if I wish to terminate my child's place.
5. I have read, understood and accept all statements made in the 'Term and Conditions', I would like my child to be accepted to The Gap After School Club.

Signed: \_\_\_\_\_

Print Full Name \_\_\_\_\_

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

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## GAP Consent Form

### Permission for Emergency/Operative Treatment

In an emergency, when a parent's attendance cannot be immediate, it is sometimes necessary to obtain treatment for a child from a Doctor or a Casualty Department of a Hospital. As delay in these circumstances is highly undesirable, we would ask that you give your consent below in case such an emergency should unfortunately arise.

In the event of sudden illness or accident affecting my child, if recommended by a doctor, I agree to emergency treatment, including operative treatment and/or administration of a general anaesthetic to my child.

**Signed :** \_\_\_\_\_ **Parent/Guardian**

**Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_