

Week of:	18-22 Jul	25-29 Jul	1-5 Aug	8-12 Aug	15-19 Aug	22-26 Aug
All Day session						

CHILD DETAILS

Name:			D.O.B.:			
Address:						
Town:			Postcode:		B	T
Membership no. (if one held):						

PARENT/GUARDIAN DETAILS

Name:		
Telephone:	Mobile	0 7
	Home	0 2 8
	Work	
Relationship to child: (mother/father/legal guardian)		

In case of an emergency, and in the absence of parent/guardian, please give details of 2 persons for contact: (different from above, local and contactable during scheme hours.)

Name:		Name:	
Phone No		Phone No	
Mobile No		Mobile No	
Relationship to Child		Relationship to Child	

CHILD'S MEDICAL DETAILS Please state below any conditions that we should know about.

Please note we cannot offer specialist one to one support for individual children.

Medical including food / animal allergies:
Disabilities:
Behavioural:
Please state any medication taken in connection with the above conditions.
Are there any other circumstances we should know about?

Do you give permission for your child to walk home when the scheme finishes? Yes ☐ No ☐

I give consent for my child to take part in all programmed activities within the centre and any planned off site activities:

On Site - including outdoor activities weather permitting.

Yes	No
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Off Site - including any transport

Yes	No
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Using your Personal Information

The Council takes your right to personal privacy seriously. Personal information is used for the purposes of managing your booking.

We are required to process your information as part of your booking. The Council will hold the information for a period of one year after the conclusion of your booking.

If you have data protection queries please contact the Council's Data Protection Officer at dataprotection@ardsandnorthdown.gov.uk or visit the Council's website at www.ardsandnorthdown.gov.uk/privacy-and-cookies

Comber Leisure Centre sends out information about activities and promotions.
Please tick the box if you would like to receive such information.

☐

Ards and North Down Borough Council may take photographs during the scheme for promotional purposes. The images may be used in newspapers, brochures, website, social media and other publicity material. If you permit your son/daughter to be photographed please tick the box.

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In the event of illness or accident, I give permission for **First Aid to be administered where considered necessary** by a nominated First Aider, or suitable qualified medical practitioner. In case of emergency, I understand that staff will do everything to contact the parent/carer so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay, I authorise the leader in charge to give consent for any medical treatment on my/our behalf. Please tick the box.

☐

I confirm that my child is subject to the code of conduct and I understand the policies and procedures outlined in the Information Booklet. I confirm that all details are correct to the best of my knowledge and I give my consent for my child to attend the scheme indicated on this form.

Signed: _____ Parent/Guardian Date: _____

For office use only.		Signature	Date
Form checked by	Receptionist		
Form checked by	Scheme Leader		