

Allsorts Out of School Club

Permissions and Consents

Please can parents/carers fill this form in completely and hand back to the office with your completed application form.

1. Billing and Invoicing – EyLog and EyMan

Email 1:

Email 2:.....

- ☐ I give permission for Allsorts to use the above email for invoicing
- ☐ I give permission for Allsorts to use the above email for Newsletters
- ☐ I give permission for Allsorts to use the above email for Booking Forms
- ☐ I give permission for Allsorts to use the above email for Communication
- ☐ I give permission for Allsorts to share debtors information with other nursery providers in

Stafford

2. Home / School Club Agreement

I have read and understood Allsorts Out of School Club Parent Pack and hereby accept the information relating to:

- Club Registration Fee and Deposit
- Fee Charges
- Terms and Conditions
- General Data Protection Register – Dollymixtures/Allsorts Privacy Policy

Parent 1 Sign and Date:.....

Parent 2 Sign and Date:.....

3. Photographs and Promotions

- ☐ I give permission for Allsorts to use my child's photograph or work on EyLog and EyMan
- ☐ I give permission for Allsorts to use my child's photograph or work within the club setting
- ☐ I give permission for Allsorts to use my child's photograph or work on other children's

EyLog and EyMan

Allsorts Out of School Club

4. Health

- ☐ I give permission for Allsorts to use Sun Barrier Cream that I have provided
- ☐ I give permission for Allsorts to use prescribed Eczema and Skin Creams that I have provided
- ☐ I give permission for Allsorts to perform emergency first aid if required

5. Activities and Events

- ☐ I give permission for my child to play on a bouncy castle
- ☐ I give permission for my child to attend local trips out to parks and areas of interest
- ☐ I give permission for my child to be involved on Party Days
- ☐ I give permission for my child to participate in cultural or festive events

Notes:

If your child requires permanent or emergency medication a permanent medication health management plan will be completed.

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Medical background Information Sheet

| Other Childhood Illnesses | Details | Date and Signed |
|---------------------------|---------|-----------------|
| | | |

| Please Indicate Any Difficulties Your Child May Have With: | | |
|--|------------------------|-----------|
| Sight / Eyes | Speech / Communication | Allergies |
| | | |