

Fun Lodge Ltd Registration Form

A separate form must be completed for each child.

Details of Child

Name:	Date of Birth:
Address:	

Names of Parents or Guardians

Name:	Name:
Address:	Address:
Tel No Home: Work: Mobile:	Tel No Home: Work: Mobile:
Email Address:	Email Address:

People authorised to collect child

(Only people listed will be permitted to collect this child)

Name:	Name:
Address:	Address:
Tel No Home: Work: Mobile:	Tel No Home: Work: Mobile:
Email Address:	Email Address:

Name:	Name:
Address:	Address:
Tel No Home: Work: Mobile:	Tel No Home: Work: Mobile:
Email Address:	Email Address:

Does your child require medication during the time they will be attending the service?

Yes / No

If Yes, please complete a separate form.

(Administration of Medicine by Fun Lodge Staff will be at the discretion of the Service Manager.)

Does your child have any allergies or special dietary requirements?

Yes / No

If Yes, please give details.

You are asked to take responsibility for providing your child suitable sun protection cream during hot weather. This must be clearly labelled with their name.

I give permission for staff to assist my child to apply sun protection cream as appropriate.

Parent/Guardian Signature:

Is there any other information that you feel will be useful for the safe care and well being of your child?

If Yes, please give information:

Child's GP Details

GP's Name:	
Address:	
Tel No:	

Please give dates of the following Immunisations:

Tetanus	Date:
Meningitis	Date:
Hepatitis	Date:
Mumps	Date:
Measles	Date:
Rubella	Date:

Consent for local outings while your child is at fun Lodge Ltd

Dear Parent/Guardian,

Please complete this consent form to allow Fun Lodge staff to take your child to local parks or out for a short walk while with us.

Thank you.

**I give permission for, Child's Name: _____
To go to local parks or for a short walk with the Fun Lodge staff while at Fun Lodge.**

Parent/Guardian Signature:

Statement regarding Emergency Treatment

I consent to my child _____,
Receiving emergency treatment should this be required during their time at Fun
Lodge Ltd. I also authorise the staff to sign any written form of consent required by
the hospital/medical authorities if the delay in getting my signature is considered by
the doctor/ medical staff to endanger my child's health and safety.

YES

NO

Signed by Parent/Guardian:

Print Name:

Date:

All Fun Lodge LTD policies and procedures are available for you to read
or we can email you these.

Please ask a member of staff for this.

**I have read and understood the Terms and Conditions and agree to
abide by them.**

Parent/ Guardian Signature:

Service Manager's Signature:

Date: