



# CRANLEIGH SCHOOL MULTI-ACTIVITY DAYS CHILD INFORMATION SHEET

## CHILD:

Full Name:		
Name (prefers to be called):		
Address & Postcode:		
Telephone:	Date of Birth:	Age:

## PARENT/GUARDIAN EMERGENCY CONTACT

Name:	
Work Address:	
Telephone:	Mobile:
Alternative Contact Name:	
Telephone:	Mobile:
Relationship to child:	

## COLLECTION ARRANGEMENTS

The child(ren) named above, will be collected by:
Please give name and relationship eg mother, guardian etc who will identify themselves and the child by providing information about the child(ren) eg date of birth.
I agree to inform you in advance if the above arrangements for collecting my child(ren) are to be altered.

## CARE INFORMATION

Please give details of any allergies, illness, special needs or dietary restrictions etc. Please note a more detailed explanation will be required in writing by a parent/carer for more complex needs for example ADHD, Aspersers
Please provide date of last Tetanus inoculation:

## DOCTOR

Please give details of Doctor and Surgery with whom registered: (Name, address & Tel):

## MEDICATION

I will notify the programme supervisor of any specific medication which may need to be administered to my child(ren), and understand I will need to complete an additional consent form.

## TRAVELLING

There may be times when your son/daughter may need to travel by minibus, driven by an authorised school driver, for example to the Prep School, astro pitches or stables from the Sports Centre. Please sign below if you agree to a member of staff driving your son/daughter to these locations.
Parent / Guardian's signature:
Date:

## PHOTOGRAPHY

It is a legal requirement that we request your permission to photograph your child(ren). We may wish to take photographs during the course (eg for publicity or for the Multi Activity displays).
I agree to my child(ren) being photographed for the above purpose whilst attending the Multi Activity programme .
Parent / Guardian's signature:
Date:

## 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 the 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 any operative treatment and/or administration of a general anaesthetic to my child.
Parent / Guardian's signature:
Date:

## PERMISSION FOR MARKETING

Cranleigh School (incorporating Cranleigh School and Cranleigh Enterprises) will use your data to process and administer your course booking. We would also like to be able to send you information on further Multi-Activity Days and other courses that we run that may be of interest to you but we need your permission to do so.

Please tick this box if you would be happy to receive information on future Multi-Activity Days by email

Please tick this box if you would be happy to receive information about other courses that Cranleigh School provides (e.g. Cranleigh Cricket Academy or Cranleigh Contemporary Music Academy) by email

I have read the Sports Club Terms and Conditions and agree to be bound by them.

If you do tick these boxes please be aware that you have the right to change your mind and withdraw your consent for us to you at any time. This can be done by clicking the unsubscribe link at the bottom of any email you receive from us or by contacting us at [sportsclub@cranleigh.org](mailto:sportsclub@cranleigh.org) or 01483 542125.