



## Thurnham Early Risers Registration Form

Please complete all relevant sections

### Personal information about your child

Surname ..... Forename .....

Middle Name ..... Chosen Name .....

Gender ..... Date of Birth .....

Address .....

Postcode .....

### Information about Parent/Guardian/Carers

#### A Parent/Guardian/Carer

Surname .....

Title .....

Forename .....

Day Tel No .....

Email Address .....

Relationship to child .....

Parental Responsibility      Yes or No

#### B Parent/Guardian/Carer

Surname .....

Title .....

Forename.....

Day Tel No .....

Email Address .....

Relationship to child .....

Parental Responsibility      Yes or No

#### C Emergency contact in addition to above

Name .....

Address .....

Tel No .....

Relationship to child .....

In the event of an emergency we will attempt to make contact in the order of A B C unless you advise us otherwise on this form.



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### Medical Information – must be completed

Name of Doctor .....

Address and Postcode .....

Tel No .....

Does your child suffer from any medical condition which Early Risers should be aware of? **YES/NO**

If yes, please give brief details below, including treatment or medications.

.....

A separate medical form will need to be completed if medicine needs to be administered at Early Risers.

### Photographs

Your child may be photographed for school use.

If you do not wish your child to be photographed please tick here .....

### Internet Publication

Photographs may be published on the school website. Please note these will not be published alongside your child's name. If you do not wish your child's photograph to appear on the school website, please tick here .....

### In an Emergency

In the event of my child requiring emergency treatment and the Headteacher (or his representative) being unable to contact me. I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my child.

Name of Child .....

Signed ..... Date .....

Name .....

(signature of person with parental responsibility)