

Childs full name:

Food (Please tick appropriate statement)

? My child is allowed all reasonable food provided by the after school club
or

? My child has the following dietary requirements:
or

? My child has the following allergies:
.....
.....
.....

Face paints (Please delete as appropriate)

My child is / is not allowed to wear face paints

Plasters

NHASC will provide hypoallergenic plasters for children who have an open wound (Please delete as appropriate)

1. My child is / is not allergic to plasters
2. My child may / may not be given plasters

Photographs (Please delete as appropriate)

I do / do not give permissions for my child to have their photograph taken while at the after school club.

Internet (Please delete as appropriate)

I do / do not give permissions for my child to use the Internet while at the after school club.

Other relevant information:

.....
.....
.....

Signed:

(Parent / Guardian)