Booking Information

Child's Full Name:	Date of Birth: Year Group:
Child's Address:	Home Language: Password for collection (where applicable):
Adults with Parental Responsibility	
Name: Address (if different from child): Relationship to child:	Name: Address (if different from child): Relationship to child:
Does anyone else have a legal right to contact the child? YES / NO Details:	
Emergency Phone Numbers	
1st Contact's Name: Tel: Address: Relationship to child:	
2nd Contact's Name: Tel: Address: Relationship to child:	
3rd Contact's Name: Tel: Address: Relationship to child:	
Does your child have any known allergies? YES / NO Full Details:	
Does your child have any known medical conditions? YES / NO Full Details:	
Does your child have any social, emotional or behavioural needs we should be aware of to best support them? YES / NO Full Details:	
Child's GP	

Name:	Address:
Tel:	

Permissions

Please tick each box below to give your consent.

Accidents and Emergencies

- ☐ I give my permission for my child to receive basic first aid within the setting, where necessary. I understand that I will see a copy of any accident/incident reports involving my child, which I must sign and date.
- ☐ I give permission for plasters to be used on my child, where necessary.
- ☐ I give permission for my child to be taken to the accident and emergency department (A&E) for urgent medical attention if this is necessary and I cannot collect them immediately.
- ☐ I agree to my child being left in the care of Hannah Gill or Holly Norton in case of an emergency. I agree to collect my child as soon as possible after being contacted, should this occur.
- ☐ I give permission for my contact details to be shared with any health professionals or emergency services, for use only in case of an emergency.

Physical Contact

- ☐ If applicable, I have signed the Intimate Care document to allow Ink and Imagination to support my child with their toileting needs.
- ☐ I give permission for wet wipes to be used on my child.

Photographs & Observations

I give my permission for photographs to be taken of my child:

- ☐ to be sent to me via email/private group/on paper, which can be seen by other parents from the setting.
- ☐ to be used on Ink and Imagination's website and/or social media pages.
- ☐ to be used in a portfolio to be kept in the setting and viewed by children, prospective parents, etc.

Terms and Conditions

- ☐ I have read and agree to Ink and Imagination's terms and conditions.

Marketing:

We may contact you via email to let you know about future Ink and Imagination holiday club sessions and other events and activities that might be of interest. We will store your data securely and will not pass it on to anyone else.
Please put a cross in the box if you wish for us to not contact you in the future. ☐

Ink and Imagination Owners: Hannah Gill and Holly Norton	
Ink and Imagination Signature:	Date:
Parent/carer's Name:	
Parent/carer's Signature:	Date: