



# Summer School 2017 Enrolment Form (Page 1)

Child's Name (first/family name)		Date of Birth (DD/MM/YYYY)	
Parents' Names		Contact Email	
Home Phone		Mobile Phone	

## Consent & Authorisation

Please tick (✓) the box below and sign if you are in agreement.

As well as the authorisations below, once a student is accepted we require enrolling parents to read through and accept our Forms Pack, which contains regular stipulations for entrance at the School regarding behaviours and other policies.

I give permission for my child to be photographed/video taped. I understand that it is part of the Kspace parent-feedback process to include my child in school newsletters and videos. I consent to/authorise use in school related publications, which might occasionally be used for promotion.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Medical Information

Please provide details of any medical condition your child has, including regular medication needs, e.g. epilepsy / asthma / inhaler, diabetic / insulin / migraines, Epipen etc. Please also provide the name, address and telephone number of Medical Centre / Doctor.

**Does your child have any medical condition, physical limitations, behavioural or learning differences?**

\_\_\_\_\_

**Allergies (including food)**

\_\_\_\_\_

**Does your child take any medication, and if so what is it?**

\_\_\_\_\_

**Name, address and telephone number of Medical Centre / Doctor**

\_\_\_\_\_

I give full permission for members of school staff to authorise/seek medical treatment in an emergency for my child and also to administer minor first aid if needed.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Outdoor Play Consent Form

I give consent for my child to be taken outside onto the Kspace roof top as part of their school itinerary, and for them to be included in water play time. I understand that appropriate clothing must be worn (including swim nappies for youngest children). Note: Rooftop/water play will only be organised when the Kspace staff and management feel that it is possible within safety, time and staffing limitations.

Signed \_\_\_\_\_

Date \_\_\_\_\_





