| Penryn Primary_2C_v3 (1)Penryn Primary_2C_v3 (1)Penryn Primary_2C_v3 (1)Penryn Primary_2C_v3 (1)Penryn Primary_2C_v3 (1)Penryn Primary_2C_v3 (1)Penryn Primary_2C_v3 (1)Penryn Primary_2C_v3 (1)**PLAYZONE** |
| --- |
| | Child’s(ren’s) Name(s): |  | | --- | --- | | Name of Parents: |  | | Child’s(ren’s) Home Address: |  | |

| IN CASE OF EMERGENCY CONTACTS: (please provide name & telephone in order preference) | | | |
| --- | --- | --- | --- |
| NAME OF CONTACT | TELEPHONE 1  (Home) | TELEPHONE 2  (Mobile) | TELEPHONE 3  (Work) |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |

No unauthorized person shall have access to the following data and will be subject to strict control under the data protection act.

|  |  |
| --- | --- |
| **PLEASE PROVIDE A COLLECTION PASSWORD** |  |

|  |  |
| --- | --- |
| **ADDITIONAL INFORMATION**: If your child(ren) is/are subject to any Court Orders, Please provide us with the information. If there is anything else ‘Playzone’ staff need to be aware of please advise us accordingly. | |
| **MEDICAL INFORMATION** | |
| **PLEASE TICK TO CONFIRM THAT YOU AGREE WITH STAFF FROM PENRYN PRIMARY ACADEMY TO INITIATE APPROPRIATE MEDICAL TREATMENT IN AN EVENT OF AN EMERGENCY** | |
| MEDICAL PRACTICE | DOCTORS NAME |
| PRACTICE ADDRESS | TEL NO: |
| PLEASE ADVISE BELOW IF YOUR CHILD HAS ANY MEDICAL CONDITIONS OR ALLERGIES WE NEED TO BE AWARE OF AND ANY MEDICATIONS THAT ARE REGULARLY TAKEN. (if none please state none) | |
|  | |
| Signed :- Parent/Carer | |