| 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** |
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|

| 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**  |  |

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| **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 |