(SCIO)

**Information update required**

It’s that time of year again where we require an update on any changes to your child/children's details as well as consent for outings/pictures etc.

**Consent for trips/outings**

We at the SOOSCC during time to time take the children on trips / outing, during term time as well as holiday time, we would be grateful if you can fill in a consent form so we are able to keep it on record that your child / children are allowed to go on outings / trips within term time and holiday time. This saves us asking you to fill in a consent form for ever trip / outing we go on.

I wish my child/children ----------------------------------------------------------- to be able to go on outing/trips with the SOOSCC, during term time/ holidays.

Emergency contact number ------------------------------------------------------

Doctor/Medical Practice

Name ------------------------------------------------------------------------------

Address ----------------------------------------------------------------------------

Tele ---------------------------------------------------------------------------------

Medical Information (Allergies Etc) --------------------------------------------

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**Emergency medical assistance**

If you’re child/children needs emergency medical assistance I.e. blood transfusion

and you’re unable to be contacted. Do you give consent for this or any other?

Emergency treatment to be given.

I DO / DO NOT GIVE CONSENT FOR EMERGENCY TREATMENT TO BE GIVEN?

Signature --------------------------------------------- Date ------------------------------

**Parental request for photographic consent**

We, at the SOOSCC, during time to time take photographs/videos of the children playing and doing different activities. We would like parental consent to using your child/children’s photo/video for use on our face book page (which is a closed page, parents/carers only), to let parents/carers see what sort of activities we are doing, and to see how much fun your child/children have at the after school club.

I do/ do not give consent for my child to be photographed/ videoed and can be used on SOOSCC website/ face book page.

Childs name ………………………………..................................

Parent/ carer signature ………………………………..............................

**Any changes that need to be update or recorded**

(I.e. change of address, medical update, allergy update)

**MEDICAL/ ALLERGY UPDATE**

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Parent/Carers signature …..............................................................

Date …..............................

**Change of address** (if applicable)

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**Change of contact telephone number/email address** (if applicable)

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Any additional information

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