



## Kim Club Record Form

*Even if you do not plan to use the Kim Club facilities, we request that parents of all Preparatory School children complete the following in order to comply with statutory requirements. Thank you for your co-operation.*

In the event of my child attending the Kimbolton School Kim Club the following information is provided:

Child's full name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Mother Mobile No: \_\_\_\_\_

Father Mobile No: \_\_\_\_\_

Emergency contact details when Kim Club is operational:

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Details of anyone else authorised to collect your child:

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please provide a password for security purposes if necessary: \_\_\_\_\_

Name of child's Doctor: \_\_\_\_\_

Doctor's Telephone No: \_\_\_\_\_

Does the child have any medical problems? Yes / No

If Yes, please explain any special requirements: \_\_\_\_\_

\_\_\_\_\_

Does the child have any special dietary needs? Yes / No

If Yes, please explain any special requirements: \_\_\_\_\_

\_\_\_\_\_

I consent to any emergency medical treatment necessary during the running of Kim Club and authorise the staff to sign any form of consent required by medical staff, if a delay in obtaining my signature could endanger the child's health or safety. I agree to abide by the terms and conditions of Kim Club.

SIGNED: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_