

REGISTRATION AND CONSENT FORM AT DIVINE ACADEMY



Name of Child.....

Sex..... Age.....

Date of Birth of Child..... Class.....

Allergies of Child.....

Has your Child had any serious operations or illnesses?

.....

Is there anything else that we should know about your
Child?.....

.....

.....

Father's First Name.....

Father's Surname.....

Father's Occupation.....

Father's Office Address.....

.....

Father's Residential Address.....

.....

Father's Phone Number.....

Mother's First Name.....

Mother's Surname If Different From Child.....

Mother's Occupation.....

Full Home Address

.....

.....

Mother's Office Address.....

.....

Mother's Phone Number.....

Date Child Started.....

Apart from Parents, who may collect your Child? Name(s) & Phone No(s)

.....
.....

Family Hospital's Name and Address.....

.....

PhoneNumber.....

We will administer on your behalf any medicine that has been prescribed by your Child's Doctor and at your specific instruction. In the case of these medicines, it is the parents' responsibility to provide Divine Academy Staff with all relevant information concerning the medicine. This will be clearly recorded by our staff and in addition full instructions should be clearly marked on the medicine by the Physician/Parent/Guardian.

I, (parent/guardian) give Divine Academy Staff permission and accept full responsibility for medicines administered to.....(child's name) as set out in this Divine Academy medicine policy.

Signed:..... Parent or Guardian

Date:.....

PERMISSION TO RECEIVE APPROPRIATE MEDICAL TREATMENT IN THE EVENT OF AN EMERGENCY

I,.....give Divine Academy Staff permission for.....(Child's name) to be attended to by a Doctor or Hospital

PERMISSION FOR OUTINGS WITH STAFF

At Divine Academy we like to take children on outings as much as reasonably possible. We will inform you well in advance of any planned trips and welcome parents who would wish to join us.

I,.....give permission for (Child's name) to go on outings with School Staff.