**Wychwood CE Primary School Wrap Around Care (WASP)**

**Contract and Registration Form**

WASP Manager- Mrs Claire Coombes

Telephone: 07940017005 e-mail: WASP@wychwood-pri.oxon.sch.uk

**Child’s Personal Details:**

|  |  |
| --- | --- |
| Child’s name: | Date of Birth: |
| Home address: |

|  |  |  |
| --- | --- | --- |
|  | Parent/Carer 1  | Parent/Carer 2 |
| Full names: |  |  |
| Relationship to child: |  |  |
| Home address:Postcode: |  |  |
| Home telephone: |  |  |
| Work telephone: |  |  |
| Mobile: |  |  |
| Email: |  |  |

|  |  |
| --- | --- |
| Medical DetailsName and Address of doctor:Postcode:Telephone number: | Known medical conditions, allergies, special dietary and health needs:  Yes No Give details:Details of any medication being used: |
| Any other medical information |

I undertake to inform the WASP Manager as soon as possible of any change in medical and/or any other relevant circumstances.

Signed; Parent/Carer: ……………………………………..Date: ………………

**Details of persons authorised to collect child or who can be contacted in an emergency**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact 1 | Contact 2 | Contact 3 |
| Full name: |  |  |  |
| Relationship to child: |  |  |  |
| Home address:Postcode: |  |  |  |
| Home telephone: |  |  |  |
| Work telephone: |  |  |  |
| Mobile: |  |  |  |
| Email: |  |  |  |

**Proof of identity, a phone call for verbal permission with an accurate description of the collector is required before releasing any child to anyone other than those noted above.**

We require that adults over the age of 18 must collect children. If you require somebody under the age of eighteen to collect your child you MUST discuss this with management in person prior to the collection. Management will use their discretion as to whether the welfare of the child may be put at risk.

Signed: Parent/Carer: ……………………………………..Date: ……………

**Arrangements in the case of sickness and/or any emergency:**

If a child becomes unwell during their stay with us, we contact the parent/carer at the earliest opportunity.

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to a trained first aider taking such action in your absence:

|  |
| --- |
| I *(print name)* ……………………………….. give my consent to a trained first aider administering basic first aid (of which a written record will be kept). Signature of parent/carer: …………………………………………………………… Date: ………………………………………………… |