



The Hive, EXTENDED SERVICES ADMISSION FORM

Child's Name

D.O.B

**CONTACT 1**

(Will be contacted 1<sup>st</sup>)

Name:

Address

Phone Number:

Email address:

**PEOPLE AUTHORISED TO**

**COLLECT:**

- 1.
- 2.
- 3.

**PASSWORD .....**

**CONTACT 2 -**

Name:

Address:

Relationship to child:

Telephone Number:

**DOCTOR'S DETAILS**

Name:

Address:

Telephone Number:

**CONTACT 3 -**

Name:

Relationship to child:

Telephone Number:

**Known Allergies/ Medical Conditions/ Additional Needs**

Inhaler

Epi Pen

Other (details)

I give permission for  to :

PLEASE TICK

Have their <b>photographs</b> taken whilst attending The Hive.	
Have their <b>photographs</b> used on the <b>school/Hive website &amp; newsletters/flyers/brochures.</b>	
To have their <b>photographs</b> used on <b>internal displays</b> within The Hive/school	
Use <b>face paints/have face painted</b> whilst attending The Hive	
Have <b>sun cream applied</b> to their face/back of neck/arms whilst at The Hive	
Be given the <b>occasional treat</b> (such as ice cream, lollies, chocolate & popcorn)	
Have <b>temporary tattoos</b> applied to arms	
Have their <b>finger/toe nails painted</b>	
<b>Signed:</b>	