

The Hive, EXTENDED SERVICES ADMISSION FORM

**Child’s Name** **D.O.B**

**PEOPLE AUTHORISED TO COLLECT**:

1.
2.
3.

 PASSWORD …………………

Name**:**

Address

Phone Number:

Email address:

**CONTACT 1**

(Will be contacted 1st)

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