



Federation Lead: Executive Head Mr J. Handley.
 executivehead@taddingtonpriestcliffe.derbyshire.sch.uk



Peak Dale Head of School: Mrs N. Doughty
 headofschools@peakdale.derbyshire.sch.uk



Taddington Head of School: Mrs E. Chapman.
 headofschool@taddingtonpriestcliffe.derbyshire.sch.uk [in collaboration]



Dove Holes Head of School: Miss S. Bellicoso
 headofschool@doveholes.derbyshire.sch.uk



OUTSTANDING

Taddington 2019



GOOD Dove 2023



Dove 2024
 Peak Dale 2019
 Taddington 2018

Registration, Health & Consent Form

Child's Name..... Preferred Name.....
 Address..... Postcode.....
 Date of Birth..... Class.....

Please give details of all people who have parental responsibility. Place them in the order that you wish them to be contacted in an emergency.

Name..... Relationship.....
 Address..... Postcode.....
 Mobile Number..... Home Number.....
 Work Number..... Place of work.....

Name..... Relationship.....
 Address..... Postcode.....
 Mobile Number..... Home Number.....
 Work Number..... Place of work.....

Please provide details of 2 additional people, aged over 16, who can be contacted in an emergency and with permission to collect your child. Please also include a password.

PASSWORD for collection purposes.....
 Name..... Relationship.....
 Address..... Phone Number.....

Name..... Relationship.....
 Address..... Phone Number.....

Health
 Please give details of any known medical conditions for your child.

Does your child have a Health Care Plan at school?.....

Does your child require medication, prescribed by a doctor, to be given during club times? If yes, please give details.....

Does your child have any allergies?.....

Does your child have any special dietary needs?.....

Is there any other relevant information e.g. special educational needs?.....

Emergency Medical Treatment

In the event of your child needing emergency medical treatment whilst at Breakfast club or After School Club they will be taken to hospital. Members of staff will make all reasonable efforts to contact you. The hospital will follow its own guidelines on giving emergency treatment without parental consent.

In the event of an emergency, I agree to the After School Club staff taking appropriate medical action.

Yes No

Signed..... Date.....