**Healthy Holidays Basic Information Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **School attended** |  | Primary | Secondary |
| **Date of Birth** |  | | |
| **Home postcode** |  | | |
| **In receipt of benefit-related FSM** | Yes and confirmed by: | | |
| **Emergency contact** | Name: Number: | | |
| **Any dietary requirements/allergies?** | Yes No If yes, please specify below; | | |
| **Any health conditions to be aware of?** | Yes No If yes, please specify below; | | |
| **Any medications?** | Yes No If yes, please specify below; | | |
| **Any educational support needs?** | Yes No If yes, please specify below; | | |

# For Taleblazers staff use only

|  |  |
| --- | --- |
| **Dates of Holiday Club** | **Attended Y/N** |
| Tiuesday 12th April |  |
| Wednesday 13th April |  |
| Wednesday 20th April |  |
| Thursday 21st April |  |

Booked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer Consent given to take photos or videos to share with DfE and with Torbay Council:**

**(YES/NO) Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**