

# Nature Club

Fridays 3.05 - 4.20pm in the Nature Garden

Childs name \_\_\_\_\_

Class \_\_\_\_\_

My child will be collected by a parent/guardian Yes/No

Name of other authorised person to collect

\_\_\_\_\_

I authorise my child to walk home alone Yes/No

My child will walk themselves to Kids Club after Nature Club Yes/No

Does your child suffer from any medical condition or take any medication that we need to be aware of? Yes/No (if Yes please give details)

Please provide 2 emergency contact details

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

I give my permission for my child to attend Nature Club

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Carer name \_\_\_\_\_

Please return to the office FAO Ann Turner or email [aturner@elystjohns.cambs.sch.uk](mailto:aturner@elystjohns.cambs.sch.uk)