



BOOKING FORM – CARE PROVISION FOR CRITICAL WORKERS

NAME OF CHILD:		DOB:	Year Group:
EMERGENCY CONTACTS <i>Please provide two contacts that can be available 8.30-16.30</i>	Name: Telephone:	Name: Telephone:	

CARE PROVISION REQUESTED:

WEEK BEGINNING: 23rd March 2020

	Tick as required	Please provide any dietary requirements and be aware that we may not be able to meet all of these.
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Over-the-counter medicines will not be available on site – please ensure that you provide what your child needs for day.

Please complete the following in order to give permission for the care-provider to administer any over-the-counter medicines:

I _____ consent for a member of staff to provide over-the-counter medicines, as supplied by myself, should the need arise.

Medicine Name:

Dose:

Time:

Reason for administration:

Signed:

Date:

Please return this to schooloffice@stover.co.uk by the FRIDAY (by 12 noon) BEFORE THE COMMENCING WEEK.