

CHILD INFORMATION

Child's last name	Child's preferred first name	D.O.B	Boy/Girl
Middle name	Child legal name (If different)		Legal responsibility
Home address		Billing address (If different)	
	Post code		
Home phone		Parents/guardians preferred 'Known as' names e.g Mary and Bill	
Mothers name	Fathers name	Email	

Who first to contact in emergency & relationship to child

1 st Person	2nd Person	3 rd Person name & relationship & phone
Parental resp Y/N	Parental resp Y/N	
Place and hours of work	Place and hours of work	4 th Person name & relationship & phone
Occupation	Occupation	
Phone	Phone	

It is assumed that any of the above will be allowed to collect your child

Allow the following permissions without having to contact you first enter Yes or No

Calpol	Minor emergency aid	Outings	Photographs	Hair check
Plasters	Antihistamine	Sun cream	facepaint	

For any further prescribed medicines etc you will be asked to sign a separate consent form

Doctor's name & Phone	Health visitor & phone
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Tick any of the following Vaccinations had

5 in 1	Pneumococcal	Rotavirus	Men B	Men C	MMR
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Tick any of the following illnesses had

Chick Pox	Measles	Mumps	Rubella/German measles	Whooping cough	Scarlet fever	Convulsion/fits
Religion			Ethnic origin		Collection Password	
First Language		Any Special equipment or access		Preferred drinks Milk, Juice and water		
Any Special care, Allergy, medical or dietary information that the staff will need to be aware of						
Name of any other agencies involved with the child						
Has your child been identified with any additional needs						
Please sign			Please print name		Please date	