

Childs last name	Child's preferred First Name	DOB	Boy/Girl
------------------	------------------------------	-----	----------

Middle Name	Child's Legal Name (if different)	Legal responsibilities (if applicable)
-------------	-----------------------------------	--

Home Address	Billing Address (if different)
	Post Code

Home Phone	Perents/Guardian preferred 'known as' names e.g. Mary & Bill Smith / Mr & Mrs Smith
------------	---

Email	Mothers Name	Fathers Name
-------	--------------	--------------

**Who first to contact in emergency & Relationship to child**

1st Person	2nd Person	3rd Person Name, Relationship & Phone
1st Person Work place & Hours of work	2nd Person Work place & Hours of work	
1st Person Occupation	2nd Person Occupation	4th Person Name, Relationship & Phone
1st Person Work Phone	2nd Person Work Phone	
1st Person Mobile	2nd Person Mobile	

(It is assumed that any of the above named persons will be allowed to collect your child in an emergency)

**Allowed the following permissions with out having to contact you first. Enter Yes or No**

Calpol	Minor Emergency First Aid	Outings	Photographs	Hair Check
Plasters	Antihistamine	Sun Cream	Face Paint	

(For further prescribed medicines etc. You will be asked to sign a seperate consent form for each request.)

Doctor's Name & Phone	Health Visitor & Phone
-----------------------	------------------------

**Tick any of following vaccinations had**

Measles	Mumps	Rubella	MMR 3in1	HIB	Polio	Tetanus	Diphtheria	Men C	W/Cough
---------	-------	---------	----------	-----	-------	---------	------------	-------	---------

Pn'ccocal
-----------

**Tick any of following illnesses had**

Chicken Pox	Measles	Mumps	Rubella/German Measles	Whooping Cough	Scarlet Fever	Convulsions/fits Others
-------------	---------	-------	------------------------	----------------	---------------	-------------------------

Religion	Ethnic Origin	Collection Password (if child may be collect by anyone not listed here)
----------	---------------	---

First Language	Any special equipment or access	Preferred drinks, milk, juice, water
----------------	---------------------------------	--------------------------------------

Any special care, allergy, medical or diety information that the staff will need to be aware of:
--

Please Sign	Please Print Name	Please Date
-------------	-------------------	-------------