

CHILD'S RECORD

Child's name.....(M/F)
Date of birth.....Age.....
Home
address.....
.....
.....
Home telephone number.....

Parent/Carer Information

(The first person named will be the first to be contacted if necessary)

1. Name.....
.....
Address.....
.....
.....
.....
Telephone
number.....
2. Name.....
.....
Address.....
.....
.....
.....
Telephone
number.....

Emergency contact (if different from Parent/Carer)

Name.....
.....
Address.....
.....
.....
.....
Telephone
number.....
Relationship to
child.....

Does your child have allergies? (please tick)

No

Yes

.....

Cultural/religious/ethnic information

Religion.....

Ethnic origin.....

Language.....

Details of any procedures prohibited for medical, religious or other reasons
.....
.....

Special Dietary Requirements

.....
.....
.....

I certify that the information given in this document is true and correct, and I will inform you of any changes to these details.

Name.....

Signed.....

Date.....