

Child Information



Child Details

Childs name:	
Child Date of Birth:	
Home address:	
1 st Parent name:	
Contact No:	
Work place and contact no:	
2 nd Parent name:	
Address (if different):	
Contact no:	
Work place and contact no:	
Emergency contact name:	
Emergency Contact number(s):	
Other person(s) who can collect child(ren):	
Collection password:	

Medical Information

Name of Child's doctor/surgery:
I give permission for you to seek emergency medical care and treatment for my child. Signed:
Allergies/Illness/Health requirements:
Language spoken at home:
Additional information about my child (likes, fears, comfort items):