



Child's registration form

This form will be kept on nursery premises at all times

Child's full name:.....

Parents/guardians names:.....

Male / Female:..... Child's date of birth:.....

Address:.....

.....

Home telephone number:.....

Mobile number/s:.....

Work telephone number:.....

Any other contacts in case of an emergency:

.....

.....

Name of person/persons collecting your child:

.....

.....

Child's doctor's details and telephone number:

.....

.....

.....

Details of vaccinations

Diphtheria, Polio, Whooping cough and Tetanus	Yes/No
Hib (Hepatitis B)	Yes/No
MMR	Yes/No
Meningitis	Yes/No

Any known medical or health problems including and any allergies:
.....
.....
.....

In the event of us being unable to contact a parent/guardian in an emergency situation, we need your permission to act quickly, on your behalf, and make sure that your child is provided with any necessary medical treatment. All staff hold a valid first aid certificate, and in extreme circumstances paramedics will be called first, and parents straight after. This form would also be taken, that is why it is imperative that all health information is given under the previous heading. A decision to operate would only be taken by a hospital surgeon, NOT the club staff. Please sign below to enable us to act on your authority. It is important that the club staff are informed of any medication the child is taken even if it is for a short term, you will also be asked to fill in a medication form.

Thank you for your cooperation.

Signed by parents/guardian.....

Signed by manager.....

Date.....