 

**Executive Headteacher: Miss Mills.**

**Medical Form**

|  |  |
| --- | --- |
| Child’s name: | Date of Birth: |
| Doctor’s Name | Doctor’s address: |
| Doctor’s Tel: |
| Does this child have any known medical problems or additional needs? (please list) | |
| Please detail any medical needs or medication in full: | |
| Please detail any known allergies: (An Allergy Management Plan will be put in place where required) | |
| Please detail any dietary requirements or allergies: | |
| Please detail any other information relevant to the child’s health: | |
| I consent to a qualified member of staff providing first aid to my child if necessary Y/N    In the event that my child is involved in a serious accident, I, or my emergency contacts will be contacted immediately on the telephone numbers given on the Registration Form.    In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf. Y/N    I understand that I am responsible for updating this form as my child’s health needs change. Y/N | |
| Signed: | Date: |
| Print Name: | |

**Executive Headteacher: Miss Mills**

**Registration Form**

Child's Details Date of Registration:

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | Preferred name: |
| Date of birth: |  |  |

Parent/Carer details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First name: | | Surname | | Title: | First name: | | Surname | |
| Home address: | | | | | Home address (if different}: | | | | |
| Does this child normally live at this address? Y / N | | | | | Does this child normally live at this address? Y / N | | | | |
| Home Tel: | | Mobile: | | Work Tel: | Home Tel: | | Mobile: | | Work Tel: |
| Email address: | | | | | Email address: | | | | |
| Does this person have parental responsibility? Y / N | | | | | Does this person have parental responsibility? Y / N | | | | |
| Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details overleaf.) | | | | | | | | | |

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Tel: | | Mobile: |
| Relationship to child: | | | |
| Name: | Tel: | | Mobile: |
| Relationship to child: | | | |
| Please detail any additional(/special needs your child has: (please provide full details) | | | |
| Is there anything your child doesn't like (food, games etc.) or is scared of? | | | |
| What are your child's favourite activities? | | | |
| Signature of Parent/Carer: | | Date: | |