



## Child Information Sheet

Separate form to be filled in for each child

### Child

Full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

### Parents

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel no: \_\_\_\_\_ Home Tel no: \_\_\_\_\_

Work/mobile no: \_\_\_\_\_ Work/mobile no: \_\_\_\_\_

Email: \_\_\_\_\_ Email \_\_\_\_\_

## Contacts in case of emergency

(Other than parents named above)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel no: \_\_\_\_\_

Tel no: \_\_\_\_\_

## Care Information

Please give details of any allergies, illnesses, special needs, dietary requirements etc

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Doctor

Doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel no: \_\_\_\_\_

## Medication

I will notify the club supervisor of any specific medication, which may need to be administered to my child and understand I will need to complete an additional consent form.

## Collection arrangements

The following named people only will collect the child named above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give names and relationship to the child.

I agree to inform you in advance in writing if the above arrangements for collection of my child are to be altered.

## Photography

It is a legal requirement that we request your permission to photograph your child whilst they are attending the club. We may wish to take these photographs for publicity or club display. Please complete and return the attached form.

Parents signature: \_\_\_\_\_

Date: \_\_\_\_\_