



The Squirrel's Den
Lanesend Primary School
Ofsted registration number 141305

Child Information Record

Childs name.....Date of birth.....

Child's class and year group.....

Home address.....

Home telephone number.....

Doctors name.....

Doctors address.....

Doctors contact number.....

Any allergies or Important medical information (if none please write none)

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(A separate form is required to administer any medication in the out of hours club)

Permission given for photos to be taken for school use *YES/NO

Permission given to attend trips (we will advise in advance of trips) *YES/NO

My child can wear face paint *YES/NO

Are there any court orders involving the above named child (e.g. custody or section 8 orders, under children's act 1989) *YES/NO

If yes please give details.....
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.....

Name of Mother / carer.....
 Marital status.....
 Preferred title with staff

Home telephone

Workplace.....

Work telephone number.....

Mobile number.....

Best number to contact on

Parental responsibility *YES/NO

Do you live with the named child *YES/NO

If no, please fill in address here.....

Can collect the named child *YES/NO

Name of Father/carer.....
 Marital status.....
 Preferred title with staff

Home telephone number.....

Workplace.....

Work telephone number.....

Mobile number.....

Best number to contact on

Parental responsibility *YES/NO

Do you live with the named child *YES/NO

If no, please fill in address here.....

Can collect the named child *YES/NO

**Emergency contacts – to be contacted only if parent/carers are unavailable.
 A person collecting a child must be over 14 years of age.**

Name.....
 Address.....
 Relationship to the child.....
 Home phone number.....
 Workplace and phone number

Mobile number.....

Best number to contact on

This person can collect my child *YES/NO

Name.....
 Address.....
 Relationship to the child.....
 Home phone number.....
 Workplace and phone number

Mobile number.....

Best number to contact on

This person can collect my child *YES/NO

*Delete as appropriate

In the event of an emergency or accident we will attempt to contact you, the parent/carer but if this proves to be difficult please let us know your preferences

I give unconditional consent to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed
Please print your name here
Date.....

Does your child have any additional needs *YES/NO
If yes please give details.....
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.....

Is there anything you wish us to know about your child, special likes dislikes or anything you think we need to know to help them settle into the club
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I/we have received and read the Squirrel's Den policies and agree to the terms and conditions set out in the booklet

Signed(parent/carer)

I/we agree to all the above information and understand that I/we will be charged at the usual rates if I/we fail to give the required notice of a booked space (as set out in the terms and conditions)

Signed(parent/carer)

Date.....

