

Holy Cross



Pre School Nursery

Laburnum Drive Walmley B76 2SP
0121 675 1191

CONFIDENTIAL

Child's Record Form

Name of child (and any other name by which child is known):

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Date of birth;

Ethnic Origin (refer to list)

Religion;

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Child's first language;

Sex: F/M;

Disabled Y/N requirements;

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Names and Address of Parents/Carers;

Telephone Numbers;

	Home;
	Work's;
	Mobiles;

Medical Information:

Injections received; (e.g. tetanus)

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Important Medical Information; e.g: allergies;

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Name, address and telephone Number of Child's Doctor;

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PLEASE TURN OVER

In an Emergency, Please Contact: (In order of preferred contact)

Name;	Relationship to Child;	Tel/Mobile number;
1.		
2.		
3.		

Persons Authorised to Pick up Child:

Name;	Relationship to Child;	Tel/Mobile number;	D.O.B for I.D.

I give consent for my child to receive any medical treatment which is urgently necessary if a parent/carer cannot be contacted, including attending hospital. Any comments:

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Signed; (Parent/Carer)

Date;

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Parent/Carer to take note;-

You have been made aware and understand that any carer, who suspects that a child in their care may have been abused or neglected, has a duty to report this to the Area Social Services Department.

Signed; (Parent/Carer)

Date;

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Please do not hesitate to contact the Manager -if you wish to discuss or have any concerns about any part of this **Child's Record Form**. Thank you for your co-operation.