

Child's Full Name:

Date of Birth:

Please provide details of individuals who are permitted to collect your child including their relationship. (You will be required to inform us of any amendments to these details)

Name	Contact number	Relationship

**If different to the above, who should we contact in the unlikely event of an emergency?**

Name	Contact number	Relationship

Does your child suffer from any medical or physical conditions that we should be informed of including asthma, panic attacks, epilepsy, diabetes etc? Please provide details or stipulate 'None' if the answer is No.

Is your child required to take any form of medication (including inhalers) whilst in our care? Please provide details or stipulate 'None' if the answer is No.

Does your child suffer from any allergies or have any dietary requirements? Please provide details or stipulate 'None' if the answer is No.

Are you aware of any special needs your child may have? Yes / No  
If yes, please provide details

**MEDICAL DIRECTIVE**

Name of General Practitioner	
Address of General Practitioner	
Surgery telephone number	
NHS number	

If for any reason, I \_\_\_\_\_ (the parent / guardian / carer) am not on the premises, I give my permission for my child to receive urgent medical attention by a qualified medical practitioner.

If there are any exceptions to the above please state them clearly (ie. Blood transfusions)

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Parent / guardian / carer sign \_\_\_\_\_ Date \_\_\_\_\_