



Viv Martin

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Child Details, Information & Annual Consent form

• Date form completed:.....

There are times that we may need to contact you regarding your child/ren. It is therefore very important that we have the correct contact names and details. Please can you complete this form to ensure we hold the correct details and please keep us up to date of any changes through the year.

Childs Details

1. Childs First name(s).....Surname.....

Date of Birth.....Class in school.....

2. Childs First name(s).....Surname.....

Date of Birth.....Class in school.....

Parent/Carers details

Please give yours and your emergency contacts details in the order you wish them to be contacted in with regards to an emergency. By giving this information you are consenting for these here persons to be contacted by a member of the early starts team.

Please write in block capitals

	1 st Contact	2 nd Contact
Full Name		
Relationship to child		
Email		
Mobile Tel:		
Work/Other Tel:		
Home Tel:		

	3 rd Contact	4 th Contact
Full Name		
Relationship to child		
Email		
Mobile Tel:		
Work/Other Tel:		
Home Tel:		

Childs Medical Information

If your child suffers from a known medical condition(s) or has any allergies it would be helpful if you could let us know of any procedures to follow in order to support them.

Doctors address and contact number:

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Allergies: (In Particular Food)
Medical conditions: (i.e Asthma/Epilepsy)
Information on how to treat your childs allergy/medical condition: (i.e How to administer inhalers or medications)
Anything else you feel is important for the club to know:

I give permission for my child to play outside in the playground under supervision before school hours: Yes / No

Thank you for taking the time to fill out these details if you have any queries or concerns please do not hesitate to contact us.