

Child's Profile Form

Child's Name:	Date of birth:
---------------	----------------

Name of Parent(s)/Carers holding parental responsibility:

Home Address:	Telephone Number:
---------------	-------------------

Mum's Work Number:	Mobile:
Dad's Work Number:	Mobile:

In case of an emergency and parents cannot be contacted, please contact:

People authorised to pick up child:

I give my consent to my child receiving any medical treatment which is urgently necessary.	
Signed (parent/carer):	Date:

Does your child have any medical conditions or allergies which you feel we should know about?
Does your child require any medication that should be kept at nursery?
Is there any food which your child can not eat?

As part of nursery routine we plan to take the children on outings, including swimming, if staff ratios allow. Do you give your consent for your child to leave the premises and participate in the outings?
Signed:

