

Day care application form

Name of Child

School

Date of Birth Sex National Health Number

Medical Information

Injections Received

Important Medical Information, e.g. allergies

Doctors Details

Name

Surgery Name

Address

Telephone

Dietary Requirements

I give my consent for staff to seek emergency treatment and advice on my behalf.

Signed

Date

Parent / Carer Information

Primary Parent/Carer

Name Relationship to child

<input type="text"/>	<input type="text"/>
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Address

Telephone Home Work Mobile

<input type="text"/>	<input type="text"/>	<input type="text"/>
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E-mail address

Parent /carer who has parental responsibility

Name Relationship Emergency Contact Collection Authorisation

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature Telephone Home Work/Mobile

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Parent/carer who has legal contact with the child

Name 1 Relationship Emergency Contact Collection Authorisation

<input type="text"/>	<input type="text"/>	<input type="text" value="Y/N"/>	<input type="text" value="Y/N"/>
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Telephone Home Work Mobile

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other Contact Name 2 Relationship Emergency Contact Collection Authorisation

<input type="text"/>	<input type="text"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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Telephone Home Work Mobile

<input type="text"/>	<input type="text"/>	<input type="text"/>
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I agree to provide sun protection for my child and give my consent for a member of staff to apply this. I give permission for staff to administer any medication that my child may require during club hours.

Signed

Date

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

Signed

Date