



Child Record Form

Child's name: _____ Date Of Birth: _____

Home address: _____

_____ Telephone number: _____

Details of Parent's/Guardians/Carers

No 1 Parent/Guardian/Carer Name: _____

Address (if different from above) _____

Home Number: _____ Mobile: _____ Work: _____

No 2 Parent/Guardian/Carer Name: _____

Address (if different from above) _____

Home Number: _____ Mobile: _____ Work: _____

Email address: _____

Emergency contacts

1. Name: _____ Number: _____

Relationship to child/family: _____

2. Name: _____ Number: _____

Relationship to child/family: _____

3. Name: _____ Number: _____

Relationship to child/family: _____



Child Record Form

Child's Doctor's Details

Name and Address: _____

Phone Number: _____

Immunisations:

Diphtheria: _____ Whooping Cough: _____ Tetanus: _____ Polio: _____ Measles: _____

Mumps: _____ Rubella: _____ Hib Meningitis: _____

Allergies/Special Diet/Health Concerns/Pre existing illnesses: _____

Language and Religion

Language spoken at home: _____

Child's religion/Culture: _____

Any other information you feel we should know: _____

Signed: _____ Print Name: _____ Date: _____