



Child's Details	
We would be grateful if you would complete this form and return when your child is admitted to Wrap Around Care Breakfast and After School Club.	
First name:	Surname:
Known as:	
Date of Birth:	Male/Female:
Childs Permanent Address:	
Postcode:	

DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY

Whilst you are not obliged to provide us with your personal data, we request information to make sure we can contact you about your child and can reach you quickly in the event of an emergency.

Mother:
Title: First Name: Surname:
Address: if different from above:
Postcode:
Home Telephone Number: Mobile Number: Work Number: Email address:
Date of Birth:

Father:
Title: First Name: Surname:
Address: if different from above:
Postcode:
Home Telephone Number: Mobile Number: Work Number: Email address:
Date of Birth:



DETAILS OF TWO PERSONS WILLING TO BE CONTACTED IN CASE OF EMERGENCY IF PARENT/CARER IS NOT AVAILABLE

Title:	First Name:	Surname:
Home Telephone Number:		
Mobile Number:		
Work Number:		
Address:		
Postcode:		
Relationship to Child:		

Title:	First Name:	Surname:
Home Telephone Number:		
Mobile Number:		
Work Number:		
Address:		
Postcode:		
Relationship to Child:		

CONTACT PRIORITY ORDER (order in which contacts are called in case of an emergency, including parents/carers)

1:	2:
3:	4:

MEDICAL INFORMATION

Details of Childs Doctor	Details of any other clinic/hospital that the child attends
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:

In the event of my child requiring emergency treatment and the headteacher (or his/her representative) being unable to contact me, I give my consent for a member of staff to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my child.



My child is allergic to:
My child suffers from:
Please continue overleaf if necessary

ADDITIONAL MEDICAL/SEN INFORMATION

Does your child currently have an EHCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any physical/medical impairment or learning difficulties (including speech/hearing/vision/SEN)? Please detail below:
Is there any further personal information regarding your child which you feel we should know?

Signed _____ Parent/Guardian Date: _____