

Child Information

Lavender Farm Nursery

Child's Last Name	Child's Preferred First Name	DOB	Boy/Girl
Middle Name	Child Legal Name (If different)	Legal Responsibility (If applicable)	
Home Address		Billing Address if Different	
Post Code			
Home Phone	Parents/Guardian preferred 'Known As' name/s e.g. Mary and Bill Smith/ Mr & Mrs Smith etc		
Mother's Name	Father's Name	Email	

Who first to contact in emergency & Relationship to child

1st Person	2nd Person	3rd Person Name, Relationship & Phone
Does the above have Parental Responsibility Yes/No	Does the above have Parental Responsibility Yes/No	
1st Person Work Place & Hours of Work	2nd Person Work Place & Hours of Work	
1st Person Occupation	2nd Person Occupation	4th Person Name, Relationship & Phone
1st Person Work Phone	2nd Person Work Phone	
1st Person Mobile	2nd Person Work Mobile	

(It is assumed that any of the above named persons will be allowed to collect your child)

Allowed the following permissions with out having to contact you first. Enter Yes or No

Calpol	Minor Emergency Aid	Outings	Photographs	Hair Check
Plasters	Antihistamine	Sun Cream	Nappy Cream	Face Paint

(For any further prescribed medicines etc, you will be asked to sign a separate consent form for each request)

Doctor's Name & Phone	Health Visitor & Phone
-----------------------	------------------------

Tick any of following vaccinations had

Measles	Mumps	Rubella	MMR 3 in	HIB	Polio	Tetanus	Diphtheria	Men C	W/Cough	Pn'coccal
---------	-------	---------	----------	-----	-------	---------	------------	-------	---------	-----------

Tick any of following illnesses had

Chicken Pox	Measles	Mumps	Rubella/ German Measles	Whooping Cough	Scarlet Fever	Convulsion/Fits Others
-------------	---------	-------	-------------------------	----------------	---------------	------------------------

Religion	Ethnic Origin	Collection Password (If child may be collected by anyone not listed here)
----------	---------------	---------------------------------------------------------------------------

First Language	Any Special Equipment or Access	Preferred Drinks Milk, Juice and Water
----------------	---------------------------------	----------------------------------------

Any special care, allergy, medical or dietary information that the staff will need to be aware of

Name any other agencies involved with the child

Please Sign	Please print name	Please date
-------------	-------------------	-------------