

# Emergency Child Care Hub at St Oswalds – Child Registration Form

## 1. Childs Details

Please PRINT clearly

Child name \_\_\_\_\_ DoB \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_

Mobile tel. number: \_\_\_\_\_ Work tel. number \_\_\_\_\_

## 2. Emergency Contact Details

**In the event of a parent(s) not being available in an emergency, TWO alternative contacts are required:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Mobile tel. number: \_\_\_\_\_ Work tel. number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Mobile tel. number: \_\_\_\_\_ Work tel. number \_\_\_\_\_

## 3. Collection

Who will normally collect the child: \_\_\_\_\_

Please give us a password we can use if someone else is picking up your child: \_\_\_\_\_

## 4. Doctors Details

Doctor Surgery \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel. Number \_\_\_\_\_

## 5. Childs Needs

Please use supplementary sheet and discuss needs with Centre staff if needed

**Does your child have any of the following needs?**

Dietary / Allergies: Yes / No If yes please list \_\_\_\_\_

Medical: Yes / No If yes please list \_\_\_\_\_

\_\_\_\_\_

Additional support: Yes / No If yes please explain \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

Educational Health Care Plan: Yes / No If yes please bring next time using 'Safe Space'

## 6. Consent

**I do/do not** give consent for the Safe Space staff to seek emergency medical treatment for my child in the event of an accident or serious illness.

**I do/do not** give consent for photographs/video footage to be taken of my child

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_