



Blewbury Pre-School

Old School, Church Road, Blewbury, Didcot, Oxon, OX11 9PY

Tel: 01235 851786 Email: Blewburypreschool@yahoo.com

[Please ask the Playleader if you need any assistance in answering the following questions]

Date completed: _____

Child's full name: _____ D.O.B. _____

Home address: _____

_____ Tel. No: _____

First parents name: _____

First parents place of work: _____

Work No: _____ First parents mobile no: _____

Second parents name: _____

Second parents place of work: _____

Work No: _____ Second parents mobile no: _____

Do both parents have parental responsibility for and legal access to the child? Yes/No

If 'no' please give details: _____

In the event of us being unable to contact parents, please provide details of one or two other people who you would wish us to contact in an emergency.

1st alternative emergency contact [name, address & tel. no:]

2nd alternative emergency contact [name, address & tel. no:]

Child's doctor: _____ Tel. No: _____

Doctor's address: _____

Child's Health Visitor: _____ Tel No: _____

Immunisations to date: _____

Infectious diseases child has had: _____

Any medical conditions: _____

Any allergies or dietary requirements: _____

Any other information for the guidance of staff: _____

In case of emergency, I consent for a member of the Pre-School, First Aid trained, staff to give medical treatment to my child if necessary. I also authorise a member of staff to seek medical advice and assistance at the nearest surgery or Hospital or to contact NHS Direct: 101. If a child needs emergency transportation, our staff will call 999 for an ambulance.

Signature of parent: _____

I consent to the use of sterile hypoallergenic plasters for minor cuts and grazes if deemed necessary by Pre-School staff.

Signature of parent: _____

I consent to a member of the Pre-School staff, to change my child's nappy and/or clothing when necessary.

Signature of parent: _____

We sometimes take the children out within the village eg. Footsteps road safety/walks but we need your authorisation to do so.

Signature of parent: _____

In order to monitor children's learning and development, we undertake written and photographic observations of all children in our setting. In order for us to do this, we need your authorisation, as well as your consent to pass these records on to Primary School or on to your child's next setting.

Signature of parent: _____

Please list below, the name and address of any other person who is authorised to collect your child from Pre-School.

Name: _____ Tel no: _____

Address _____

Name: _____ Tel no: _____

Address _____

Name: _____ Tel no: _____

Address _____

Information about who will collect your child should be given to staff verbally on the day and written in the designated book. If staff are uncertain of the identity of anyone collecting your child, proof of their names and address will be required before the child is released to them.

Children are accepted on the condition that parents assist as helper at least one session per half term. We request a donation of £15 per half term if you are unable to do this.

Signature of parent: _____ Date: _____

Additional information:

Main language: _____

Nationality: _____

Religion: _____

Details of any cultural or religious observances that the staff should take into account when caring for the child. [e.g. diet, dress, religious holidays.]

Email address: _____