|  |  |
| --- | --- |
|  | HEALTH REGISTRATION and CONSENT FORM |

### Please complete a Form for each child

|  |  |
| --- | --- |
| Childs Full Name | Home Address and Telephone Number |
|  |  |
| Date of Birth | Doctor: Practice Address & Phone Number |
|  |  |
| Parent/Carer Name 1 | Parent/Carer Name 2 |
|  |  |
| Daytime Contact Address/Tel No | Daytime Contact Address/Tel NO |
|  |  |
| Has your child any medical problems or allergies (NUTS, Face Paints etc) |
|  |
| Is your child receiving any medical treatment which we should know about (e.g. Inhaler, epi-pen etc) |
|  |
| Does your child have any particular dietary needs? (Vegetarian, Halal etc) |
|  |
| Emergency Contact Name, Address, Tel no: | Emergency Contact Name, Address, Tel no: |
|  |  |
| **MEDICAL CONSENT.** I give consent for the Play Supervisors to seek appropriate medical help for my child in the event that I cannot be contacted in any emergency.Signed …………………………………………………..Parent/Carer Date ……………………………………. |
|  |  |