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|  | HEALTH REGISTRATION and CONSENT FORM |

### Please complete a Form for each child

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| Childs Full Name | Home Address and Telephone Number |
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| Date of Birth | Doctor: Practice Address & Phone Number |
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| 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 ……………………………………. | |
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