



St Georges ASC
Child information Form

Full name of child: Date of birth:

Name of Parent(s)/Carer(s) with whom the child lives:

1. (Parental responsibility?) Yes/No (delete)

2. (Parental responsibility?) Yes/No (delete)

Address:

Telephone: Mobile(s): 1.
2.

Name of parent with whom the child does not live:

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Address:

Telephone: Mobile:

Does this parent have legal access to the child? Yes/No (delete)

Emergency contact details:

Parent 1 - Work/daytime contact number:

Parent 2 - Work/daytime contact number:

Any other emergency contact number:

Name & Relationship to child:

Contact number:

Name & Relationship to child:

Contact number:

Any food allergies?:

Specific dietary requirements:

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Is your child allergic to anything else?:

Any other medical conditions or medical information?

(In order for us to give your child the best care possible please let us know if your child is on the SEND register and/or has an Education, Health and Care plan so that we can work with all agencies and carers to support your child):

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Childs Doctor Details:

Name of GP/Doctor:

Address of GP/Doctor:

Contact telephone number:

Persons authorised to collect the child (must be over 16 yrs of age)

Name: Relationship to child:

Mobile:

Name: Relationship to child:

Mobile:

Name: Relationship to child:

Mobile:

Name: Relationship to child:

Mobile:

Signed: (Legal Guardian)

Date: