



St Georges ASC
Child information Form

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:

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

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: Contact number:

Name: Contact number:

Is your child allergic to anything?:

Any other medical conditions/information:

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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:

Any other information you think we should know about:

Signed: (Legal Guardian)

Date: