

## **Child Information Sheet**

Child's Name	Child's Class	
Date of Birth		
Parents/Carers/Guardian Name		
Does this person have parental responsibility for t	he child	Yes/No
If No, please give details of who does  Emergency Contact		
Name	Relation to	Child
Contact Number Address	Postcode	
OTHER INFORMATION: Things we need to know Allergies Has your child ever had an allergic reaction to ANY	YTHING	provide continuity of care Yes/No
Please Tick if your child Tetanus Jab is up to out If Yes please provide full details	late □	
Food/Drinks (especially fruit and snacks) Likes: Dislikes:		
Special Dietary requirements		
Activities Likes Dislikes Is there anything they are scared of? Is English your child's second language? If yes, please give details of their first language		Yes/No
What is the main religion in your family?		



Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

Health	
Does your child have any of the following:	Vac/No
Asthma/Breathing problems	Yes/No
Skin Conditions	Yes/No
Hearing Difficulties	Yes/No
Sight Difficulties	Yes/No
Speech Difficulties  Any long term illness/senditions in the next or present	Yes/No
Any long term illness/conditions in the past or present	Yes/No
If you have answered Yes to any of the above, please give details	
Doctors NameDoctors phone Number	
Arrival/Departure	
List the names of anyone (other than parents) who will be deliver	ing/collecting your child
1. NameRelation to child	
Address	
Postcode Contact number	
Password	
2. NameRelation to child	
Address	
Postcode Contact number.	
Password	
Is there anyone who should not have contact with your ch	nild or is legally
prevented	
Yes/No If yes please give	
details	

## **Anything Else:**

Is there anything else you think we should know in order to meet the needs of your child? Or anything you have concerns about