

**Child Information Record**

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| --- | --- |
| **Full Name** |  |
| **Preferred Name** |  |
| **Date Of Birth** |  |
| **Address** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Parent/Guardian Name (1)** |  |
| **Parent/Guardian Telephone Number** |  |
| **Parent/Guardian Address (if different)** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Parent/Guardian Name (2)** |  |
| **Parent/Guardian Telephone Number** |  |
| **Parent/Guardian Address (if different)** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Emergency Contact Name (1)** |  |
| **Emergency Contact Telephone Number** |  |
| **Emergency Contact Relationship** |  |
|  |  |
| **Emergency Contact Name (2)** |  |
| **Emergency Contact Telephone Number** |  |
| **Emergency Contact Relationship** |  |

I confirm the people provided as Emergency Contacts have been notified and given permission for their information to be shared.

Signed ………………………………………………………… Date……………………………………………

**Medical Information**

|  |  |
| --- | --- |
| **Doctors Name** |  |
| **Doctors Address** |  |
|  |  |
|  |  |
| **NHS Number** |  |
| **Health Visitor Name** |  |
| **Health Visitor Telephone Number** |  |

**My child is up to date with their immunisation schedule (please tick as appropriate)**

* **Yes**
* **No**

**Does your child have any allergies/intolerances (please tick as appropriate)**

* **Yes**
* **No**

**If yes, please provide detailed information below:**

**Do you consider your child to have any special educational or medical needs? (please tick as appropriate)**

* **Yes**
* **No**

**Is yes, please provide detailed information below:**

**Please advise if your child has ever had/has any of the following communicable diseases (please tick as appropriate):**

* **Chicken Pox**
* **Shingles**
* **MRSA**
* **Hepatitis A**
* **Hepatitis B**
* **HIV**
* **Covid-19**

**Does your child take any regular prescribed medication (please tick as appropriate):**

* **Yes**
* **No**

**If yes, please provide details below:**

**In an extreme emergency circumstance, please provide details for the care of your child:**

**Do you have any religious preferences that the emergency services would need to be notified of? (Please tick as appropriate)**

* **Yes**
* **No**

**If yes, please provide details below:**

**In an emergency, would you like a religious practitioner to be called for your child?**

* **Yes**
* **No**

**Who should we contact first in an emergency?**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Child** |  |
| **Telephone Number** |  |

**On any outings, your Child Information Record will be carried by a member of staff. A photograph of your child will be attached for identification purposes in case of the rare circumstance that we are unable to speak on behalf of your child.**

*I confirm that I have read, understood and accept the information given above.*

**Signed ………………………………………………………………. Date……………………………….**

**Signed ………………………………………………………………. Date……………………………….**

***Information provided will be subject to review by parents annually. It is the parents’ responsibility that they notify the setting of any changes immediately to ensure our records are accurate.***

***As a requirement by Ofsted, the Child Information Record will be filed until your child reaches the age of 21 years and 3 months.***