

# Emergency & Illness Information

(one to be filled in for each child)

IMPORTANT: PLEASE RETURN BEFORE COMMENCEMENT DATE

## PERSONAL DATA

Child's Name:		DOB:	
Child's Preferred Name		Start Date:	
Mother/Guardian's Name:		Father/Guardian's Name:	
Home Address:	Home Address (if different from mother's)		
Home Tel No:		Home Tel No:	
Mobile:		Mobile:	

## PLACE OF EMPLOYMENT

Mother/Guardian's Work Place:		Father/Guardian's Work Place	
Working Hours:		Working Hours:	
Business Phone:		Business Phone:	
E-mail		E-mail:	
Mobile (if different to personal mobile)		Mobile (if different to personal mobile)	

## EMERGENCY DETAILS

First point of contact in the event of illness/emergency:	
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### Details of local person to contact if parents are not available

Name:		Tel No:	
Relationship to child:		Mobile:	

## HEALTH INFORMATION

<b>Does your child have any specific health conditions?</b> <i>(please give details)</i>	<b>Yes .....</b>	<b>No .....</b>
Food Allergies <i>(please give details)</i>		
Allergies/Other <i>(please give details)</i>		

**Any individual needs relating to personal and/or cultural matters?**

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**MEDICAL CONSENT**

In the event of an emergency/accident it may be necessary to seek medical attention.

As carers, we need your permission to seek medical care and when parents/guardians cannot be contacted immediately, have the authority to authorise any treatment applicable for the welfare of the child following expert advice.

I ....., authorise the person in charge at the time to seek medical attention in the case of emergency for my child .....

**Signed parent/guardian** ..... **Date** .....

**Signed parent/guardian** ..... **Date** .....

Any further information you feel we ought to be aware of regarding your child, please state below:

**PLEASE NOTIFY THE HIVE IMMEDIATELY OF ANY CHANGES TO THIS INFORMATION**

**ALL INFORMATION GIVEN IS STRICTLY CONFIDENTIAL**