



90 Wyche Road

Malvern

WR14 4EQ

Tel: 07919357895

Child Information Form (2009)

Please note this information **must** be completed and returned to Brighter Futures before your child can be accepted into the Club. It is your responsibility to inform us of any changes to your child's medical information and / or changes in contact details. Thank you.

Name of Child: _____

Date of birth: _____ Age _____

Address: _____

Name of parent(s) / carer(s) _____

Contact address (if different to above) _____

Telephone numbers for parent(s) / carer(s), (please leave blank any that do not apply):

Name of parent / carer: _____ Home telephone: _____

Work telephone: _____ Mobile: _____

Name of parent / carer: _____ Home telephone: _____

Work telephone: _____ Mobile: _____

Who has legal contact with the child? _____

Who has parental responsibility for the child? _____

Does your child attend another child care setting or child minder? If so, please could you give details:

Do you give consent for us to share information about your child with your child's school and /or child care provider in order to help us provide the best care for children? YES / NO

What language(s) does your child speak ? _____

Name of your child's doctor: _____

Address of GP Surgery: _____

Doctor's telephone number: _____

Child's Name: _____

In case of emergency, if we cannot contact parent(s), please supply us with 2 more people whom we could contact concerning the care and welfare of your child:

Name	Relationship to your child	Telephone number	Address
1.			
2.			

In order for us to provide your child with the best possible care, please provide the following information:

1. Does your child have any medical conditions that we should be aware of?
2. Does your child take any prescribed medicines on a regular basis, (eg asthma)? If yes, you will be required to complete a Medicines Form.
3. Does your child have any special dietary requirements?
4. Does your child have any allergies?
5. Is there anything we should know about your child in order to provide them with the best possible care? (please continue overleaf in necessary).

Date this information has been supplied _____



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Consent Form for _____ (child)

Please read the following statements carefully and sign and date if you agree to all. Please delete any statement you do not agree with and do feel free to discuss any aspect you are unclear or not happy about. Thank you.

Medical: In the event of medical emergency, Brighter Futures will make every effort to contact parent(s), but if this is not possible, I / we agree to Brighter Futures staff giving permission for doctors to carry out any necessary medical advice or treatment for our child _____ (name)

Dispensing of suncream: I / we agree to Brighter Futures staff applying sun cream to my child if necessary. We will provide sun cream and a sun hat for our child.

Administering of Plasters and basic First Aid: I / we agree to a trained First Aider administering basic first aid to my child if necessary, including hypoallergenic plasters if required. We understand that we will always be informed of any accidents or injury and required to sign an Accident or Incident Form.

Outings: I / we understand that at the end of the school day, Brighter Futures staff may provide supervised games and activities in the grounds of Malvern Wells CE Primary School. I / we agree to our child taking part in these outside activities.

Walking Bus: I / we understand that children attending an After School session will be taken from Malvern Wells CE Primary School to the Wells Village Hall by walking bus. I / we give consent for our child to walk with other children and staff in the Walking Bus along the Wells Road.

Photographs: I / we consent to photographs of our child being taken during a Brighter Futures sessions and I / we consent to these photographs being displayed within Brighter Futures settings. **External Publicity:** I / we agree to photographs of our child being used by Brighter Futures for external publicity. *(Please note, we will always inform parents in advance of this).*

Signature of parent(s) / carer(s): _____

Print name(s) _____

Date: _____