



- Nursery- Child Information Form 1 of 2

Please note this information must be completed and returned to Brighter Futures before your child can be start at the Nursery. Please make sure you tell us of any changes to your child's medical information and / or changes in contact details. Thank you.

Name of child :-

Date of birth: _____ Religion: _____ Ethnicity: _____

Name of parent(s)/carer(s) Home Telephone Number :- Work Telephone Number:- Mobile phone Number:-	Sample signature <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Address:- _____ _____ _____ e-mail:-
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Name of parent(s)/carer(s) Home Telephone Number:- Work Telephone number:- Mobile phone Number:-	Sample signature <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Address:- _____ _____ _____ e-mail:-
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Who has legal contact with the child? _____

Who has parental responsibility for the child? _____

What language(s) does your child speak at home? _____

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

Name of child minder/childcare setting:- Contact Telephone Number:- Contact Mobile phone Number:-	Address:- _____ _____ _____ _____
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Name of child :-

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

Name of your child’s doctor:-

Doctor’s telephone number:-

Name of your child’s health visitor:-

GP Surgery Address

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)? YES/NO
If yes, you will be required to complete a Medicines Form.

Does your child have any special dietary requirements?

Does your child have any allergies?

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 completed _____



Brighter Futures

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.

- 1. 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)
- 2. Dispensing of suncream:** I / we agree to Brighter Futures staff applying sun cream to my child if necessary. Parents /carers are asked to provide sun cream and a sun hat for your child.
- 3. 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.
- 4. 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.
- 5. 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).*

Please note that all of our Policies are available at the Nursery and also online at www.mybrighterfuture.com. Please make sure that you have read the policies, if you need information in other languages please let us know.

Signature of parent/carer

(Print name)

Signature of parent/carer

(Print name)

Date: _____