

EMERGENCY MEDICAL AND CONTACT INFORMATION

Child's Details

Surname.....First Name.....Class.....
Date of Birth.....Address.....
Post Code.....Home Number.....

Wrap around care is to assist working parents. Please let us know your work address during our care sessions:

Contact 1 (working parent)

Name.....Relationship to Child.....
Address.....
Place of work:
Work Number.....Mobile Number.....

Contact 2 (parent or other responsible person)

Name.....Relationship to Child.....
Address.....
Place of work:
Work Number.....Mobile Number.....

Medical Information

Name of Doctor.....Telephone Number.....
Address of Doctors Practice.....
Allergies.....
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Do you consider your child to have a disability? If yes, Please provide details:
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Please use the space below to record any information that you feel is important with regard to your child attending Wrap Around Care.

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Thank you for taking the time to complete this form. Please let us know as soon as possible if any of the details you have supplied change.