

Registration & Emergency Information Form



Parents / Legal Guardians are kindly asked to complete this questionnaire so that we can act appropriately in an emergency. The information provided will not be used for any other purposes or released to any third party.

Please continue on the reverse of this sheet if you run out of room.
Thank you.

Child's name Child's date of birth/...../.....

Child's name Child's date of birth/...../.....

Parent's name / Legal Guardian's name

Address

..... e-mail.....

Telephone number Mobile number

Other persons who may bring the child to Little Rascals and their relationship to the child

1

2

Emergency contact numbers if something should happen to parent / legal guardian

Name Telephone number

Name Telephone number

Does the child have any allergies or medical condition that we should be aware of?

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In the event of illness or emergency I authorise the medical authorities to carry out any treatment on the child / children where it is considered that a delay would be detrimental to the child's welfare. I understand that the medical authorities are obliged to seek the permission of the parent / legal guardian in the first instance.

I give explicit consent to 'Little Rascals' for holding of the above information about the child / children.

Signed Date / /

Print name