

INFORMATION SHEET TO BE COMPLETED FOR EACH CHILD

Name of child	
Date of birth	
Class	

Medical information	
Food allergies	
Other allergies	
Asthma inhaler requirements? (In a bag with child's name and dosage required)	
Any dislikes or fears?	
Any particular likes?	
Any other information we need to know?	

Parent's/s' name/s: (Please print)	1st parent contact	2nd parent contact
Parent's/s' contact telephone numbers: EMERGENCY CONTACT NUMBER (in case of accident or illness)		
WORK CONTACT NUMBER:		
HOME CONTACT NUMBER:		
Parent's address:		

Please sign below to say that you understand that you must escort your child into the Community Room for each Before School Club session that they attend:

Signed: _____ **(Parent)**