

Anything We Should Know About Your Child:

- Illness
- Special Diet
- Special Needs / Disability

Has your child had any of the following?

- Asthma or bronchitis Yes / No
- Heart Condition Yes / No
- Fits. Fainting or blackouts Yes / No
- Severe Headaches Yes / No
- Diabetes Yes / No
- Allergies to any known food, or medication etc Yes / No
- Any recent contact with contagious diseases or infections etc Yes / No
- Immunisation Status – has your child received vaccination against Tetanus in the last ten years Yes / No
- Is your child receiving medical treatment of any kind from either your family doctor or hospital? Yes / No
- Has you child ever been given specific medical advice to follow in an emergency? Yes / No

If the answer to either of these questions is YES please give details here (including dosage of any medicines/tablets) or on a separate sheet which should be firmly attached.

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I consent to any emergency treatment necessary during use of the service.

PLEASE KEEP US UP TO DATE ON YOUR CHILD’S HEALTH IF ANY CIRCUMSTANCES CHANGE, PLEASE LET US KNOW.

I authorise the following named persons to collect my child from Crawley Venture Play Service:

I consent to photographs of my child being taken and used in future publicity material for Crawley Borough Council. Yes / No

I agree to the Terms & Conditions of the Crawley Venture Play Service.

Signed: (Parent/Guardian)
Date:

Data Protection

The information you have given will only be used in order to ensure the safety of your child whilst using Crawley Venture Play Services. We will not use it for any other purpose, nor will we disclose it unless required by law to do so. I agree to the information I have provided on this form being used for the purposes of the Membership Card.