

CHILDS INFORMATION RECORD

Childminding Service of: _____

Section 1: Contact Details

Childs Contact Details:

Name: _____ Date of Birth: _____ Preferred name: _____

Address: _____

Contact Phone Numbers (Home): _____

Date started attending: _____ Date ceased attending: _____

Parent/ Guardian Contact Details:

Mother's Name _____ Father's Name _____

Address (if different) _____ Address (if different) _____

Phone (Mobile): _____ Phone (Mobile): _____

(Home): _____ (Work): _____ (Home): _____ (Work): _____

Section 2: Relevant Information

Who to contact in the case of an emergency: please list two adults (if the parents cannot be contacted) who may be contacted in the case of an emergency.

1. Name: _____ Contact Details: Mobile _____ Work _____ Home _____

Relationship to Child: _____ May this person collect the child: Yes No

2. Name: _____ Contact Details: Mobile _____ Work _____ Home _____

Relationship to Child: _____ May this person collect the child: Yes No

Name of person/s authorised to collect the child (other than those named above):

The following information will help this childminding service get to know your child better:

Names and ages of any brothers and sisters: _____

Special words your child may use: _____

Any fears or dislikes your child may have: _____

Any trauma, upset or unusual event in your child's life: _____

Any other relevant information: _____

Section 3: Medical/Health Details

Family Doctor: _____ Phone: _____

Address: _____

Are there any health or medical problems, special dietary requirements, special needs etc that the childminder should know about?

Section 4: Consent

I / we consent to my child [child's name] _____ receiving medical treatment should s/he require it in a medical emergency.

Signed: _____

Do you give permission for the following?

- | | | |
|--|------------------------------|-----------------------------|
| • Outings in the buggy / walking in the local area | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Outings in the childminder's car | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Photographs to be taken of your child for use only within the childminding setting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Parent/ Guardian Signature: _____ Date: ____/____/____

Parent/ Guardian Signature: _____ Date: ____/____/____

Childminders Signature: _____ Date: ____/____/____

Many thanks for your co-operation in filling in this form. This information will be used to provide the best care for your child. Your confidentiality will be respected at all times.

