



## Emergency Childcare Application Form

(Please note that incomplete forms will not be considered)

### Child details

Surname	<input type="text"/>	First name	<input type="text"/>
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Male/Female		Language	<input type="text"/>

### Parent/Carer details

Surname	<input type="text"/>	First name	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Mobile phone	<input type="text"/>	Home phone	<input type="text"/>
Occupation	<input type="text"/>	Email	<input type="text"/>
Place of work/study	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Family Doctor			
Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		



Is your child regularly taking medicines prescribed by a doctor?

Yes / No

Does your child have any serious health problems or allergies?

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### Emergency Contacts

Name

Telephone

Address

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Name

Telephone

Address

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### Declaration

In case of emergency, if I cannot be contacted at my home/workplace telephone numbers as given, I hereby give my authority for my child to receive urgent medical treatment if necessary.

Signed

Date

If my child is accepted, I agree to abide by the terms and conditions as set out in the Emergency Childcare document and to pay the fees in advance of their attendance at the nursery.

I am the above child's Parent / Carer.

Signed

Date