



# Swainswick Explorers

www.PlayingOutdoors.org

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## Child Record Form

17 March 2011

<p><b>Child's name</b></p> <p><b>Date of birth</b></p> <p><b>Address</b></p> <p><b>Email</b></p> <p><b>Home telephone</b></p> <p><b>Mobile number</b></p> <p><b>Parent's name(s)</b></p> <p><b>Address of Parent/ Guardian (if different from above)</b></p> <p><b>Any other contact names and numbers in case of emergency</b></p> <p><b>Collecting person</b></p> <p><b>Child's Doctor – name, address, tel no</b></p> <p><b>Has the child been immunised?</b></p>	<p>Please see table below and tick as appropriate</p>
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<b>Diphtheria</b>	<b>Whooping cough</b>	<b>Tetanus</b>	<b>Polio</b>	<b>Measles</b>
<b>Mumps</b>	<b>Rubella</b>	<b>Hib Meningitis</b>		

Does your child have any allergies or special diets?

Are there any health problems we should be aware of?

Anything else it would be helpful for us to know? Particular likes/dislikes

If we are picking up from school:  
 School and telephone number:  
 Teacher's name and class name:

Please let the teacher know that we are picking up.

**Please sign: Signature Date**