

Purley Nursery School

Child's Nationality:
Place of Birth:

Birth Certificate Checked by School:

Child's Name: (block letters please) -		
Surname	Forenames	Date of Birth
Mother/Carer's name		
Father/Carer's name		

We will not allow your child to be collected by anyone else unless you have given permission below (or you phone the school on the day)
Name:
Name:
Name:
My child suffers from the following allergies:
My child has the following dietary requirements:
Any medical conditions we should be aware of:
I do / do not give my permission for my child to accompany staff on local outings
I do / do not give permission for my child to be included in video & photographs for display and assessment/training purposes.
I do/do not give consent for emergency medical treatment to be given should the emergency services need to be called
Signed (Parent)
Date

Home Address*	Tel: Mobile: Email:
Father's address (if different from above)*	Tel: Mobile: Email:
Name and place of mother's work	Telephone No. (and extension)
Name and place of father's work	Telephone No (and extension)
Name and address of other person who would take charge of your child until mother/father is available *	Telephone No.
Name and address of child's doctor	Telephone No.

*Please make sure that your home address includes the postcode and that there are at least two contact numbers for emergencies.