LHFC - KFJ Annual Registration & Consent Form 2011/12

Please complete a separate form for each child. Thanks

Child's Name:

Date of birth: **School:**

Home Address incl Post Code:

Home Tel:

Parents Names:

Parent Mobile:

Parent Email:

Doctor's Name & Surgery:

Medical Conditions, Special Needs, Dietary requirements or other information that will help us care for your child (continue overleaf if needed)**:**

Consent:

My child can be in photos or videos for use within LHFC **Yes** **No**

I understand that in the event of an illness or accident, every effort will be made to contact me, but if this is not possible, I authorize any member of the KFJ Team to sign on my behalf any written form of consent required by medical authorities. **Yes** **No**

Parent Signature:

For Under 5s only:

Can we change your child's nappy? **Yes** **No**

Can we take your child to the toilet? **Yes** **No**

If you have answered No to either of the above we will come and get you out of the service to do this

Thank you for completing this form. Please return to Claire Johnson ASAP. Thank You