

Little Treasures Child Personal Record



Child's Full Name		Name Usually Known by	
Date of Birth		Child's Nationality :	
Home Address:		Home Telephone No:	
Parents Name:		Work Address:	
Parents Mobile No:		Work No:	
Parents Name:		Work Address:	
Parents Mobile No:		Work No:	
Names of persons with Parental Responsibility		Parental email address:	

Name and contact number of four people to contact in an emergency and who are allowed to collect the child if different from above: (All must be over the age of 18 years old)

Name:	Contact Number:	Relationship to Child

Names of any specific people not permitted to collect the child: (A copy of a Court Order may be required.) _____

Doctors Name	Address	Phone number
Health Visitors Name	Address	Phone number

Is your child on any regular or daily medication? If so please state:	
Is your child registered or attending any other Health Professionals, eg speech + language, outpatients?	
Please indicate any special dietary needs, food intolerances or allergies which your child may have:	
Please indicate any health problems or special additional needs which your child may have:	
What does your child enjoy playing with? Have they any favourite toys or interests?	
What does your child have any fears or dislike to anything?	
Does your child have any "pet" names for people or objects?	

<p>It is a requirement that the nursery have a record of all your child's vaccinations. Using your child's red health record book please state all their vaccinations and dates given.</p>	
<p>Anything else the Nursery should know about your child</p>	

Parent Signature: _____

Date: _____

Mangers Signature: _____

Date: _____