

## **CHILD RECORD FORM**

To be completed and signed by the parent/guardian/carer and given to the childminder.

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_

Parent/Guardian/Carer's Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of work \_\_\_\_\_ Work number \_\_\_\_\_ Mobile \_\_\_\_\_

Parent/Guardian/Carer's Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of work \_\_\_\_\_ Work number \_\_\_\_\_ Mobile \_\_\_\_\_

Who to contact in an emergency (other than Parent/guardian/carer) \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_

Name of person who will collect child \_\_\_\_\_

Other persons who may collect child \_\_\_\_\_

Further information (if necessary) \_\_\_\_\_

Child's doctor \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_

**Immunisation/Vaccinations: Has the child been fully immunised against:**

Diphtheria ☐ Whooping cough ☐ Tetanus ☐ Polio ☐ Measles ☐ Mumps ☐ Rubella ☐  
Hib Meningitis ☐ Other \_\_\_\_\_

Health clinic \_\_\_\_\_ Health visitor \_\_\_\_\_

Special Diet/ Allergies/ Health problems/ Childhood illnesses \_\_\_\_\_

\_\_\_\_\_

Language spoken at home \_\_\_\_\_ Child's religion/culture \_\_\_\_\_

Anything else the childminder should know about your child e.g. likes, dislikes, fears, comfort items, special words \_\_\_\_\_

PARENT/GUARDIAN/CARER Signature \_\_\_\_\_ Date \_\_\_\_\_