



Child Record Form

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

Childs name	Date of Birth
Home address.....	
.....	Telephone

Details of Parents / Guardians / Carer

Parents / Guardian / Carers name

Address if different from above

Place of work Work tel..... Mobile

Parents / Guardian / Carers name

Address if different from above

Place of work Work tel..... Mobile

Emergency Contact (other than Parent / Guardian / Carer)

Name of person who usually collects the child

Other person(s) who may collect the child Password

Other person(s) who may collect the child Password

Further information (if necessary)

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Childs Doctor

Name and surgery address
..... Telephone.....

Immunisation / Vaccinations

Has the child been vaccinated against:

Diphtheria	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Polio	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	HIB Meningitis	<input type="checkbox"/>

Health Clinic

Health Visitor

Allergies / Special Diet / Health Problems / Childhood Illnesses

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Language spoken at home Childs Religion

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

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Parents should notify the childminder of any changes to these details immediately. Details of any accident that occur while the child is in the care of the Child Minder should be recorded in the Accident, incident and Medication Book and signed by the Parent / Guardian.

Parent / Guardian / Carer Signature	Date
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Parent / Guardian / Carer Signature	Date
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