

RECORD CARD				
Name _____		Date of Birth. _____		
Address _____ _____		Tel No. home _____		
		Mob No. _____		
Fathers Name. _____		Daytime Tel No. (w) _____		
Mothers Name. _____		Daytime Tel No. (w) _____		
Other Persons who may collect your child. _____				
Monday	Tuesday	Wednesday	Thursday	Friday
Name two other adults who may be contacted in Tel No.				
Name	Address	Phone Number	Relationship to child	
Medical History				
Doctor _____		phone no _____		
Address. _____				
Immunisations				
Please get print out from G.P. which can be attached for ref by Tulsa				
ANY CONDITION THAT REQUIRES SPECIAL OBSERVATION OF ATTENTION Yes/No				
Medical Condition	_____			
Feeding difficulties	_____			
Special Dietary	_____			
Any Illness and Disability	_____			
If yes, please give full details and any special help that your child may need:				

Allergies: Please give details: _____				

Is the allergic reaction 1. Slight			2. Severe	
Is there any other details you wish us to know about your child e.g. habits, etc.				

Admission in Date: _____				
2nd year required? _____				
Any special days required; _____				
Permission for				
(a) Going on Outings with Staff		Yes	No	
(b) Being photographed or video taped school related topics		Yes	No	
I agree that my child will receive appropriate medical treatment in the event of an emergency				
Signed by _____			Relationship to child _____	
Deposit Paid _____			Date _____	

FOR OFFICE USE ONLY: Admission in Date _____
Date of Leaving _____