

Phoenix Nursery



Address: Phoenix Nursery, Fry Road, Stevenage, Herts, SG2 0QQ

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Application Form

I consent that in the event of any accident or illness, any necessary treatment can be administered to my child by a qualified medical doctor when accompanied in my absence, by a member of staff from the Phoenix Nursery.

Parents/Guardians signature: _____

I do / do not give consent for my child to be taken on short outings with staff.

Parent's signature: _____

Date: _____

Details of child:

Full name: _____ Date of birth: _____

Ethnic origin: _____ Religion: _____

Languages spoken at home: _____

Address: _____ Post code: _____

Tel no.: _____

Names of parents/guardians:

Contact Tel no: _____

Parents Email address: _____

Parental access: _____

Emergency contacts

Mothers work tel no: _____

Fathers work tel no: _____

Any alternative access arrangements:

Name: _____

Contact details:

Health Record

Dr's name: _____

Health visitor: _____

Address: _____

NHS number:

Immunisations: Please indicate if your child is up to date as appropriate.

MMR	Y / N
Meningitis C	Y / N
Polio	Y / N
Whooping cough	Y / N
Tetanus	Y / N
Diphtheria	Y / N
Hib	Y / N

Please detail any known allergies: _____

Please detail any known food allergies or intolerances i.e. nuts, dairy, wheat.

Please detail any known health problems i.e. Sight, hearing, speech, asthma, seizures.

Medicine (s):

Regularly: _____ Occasionally: _____

Please give instructions for regular medication:

Additional information: (e.g. previous childminding experience)

Parent's signature: _____

Date: _____