

BBUFA Creche Emergency Contact Form



Please provide the following information:

Child's Name..... Date of birth Age.....

Parent's/ carers name.....

Address

.....

Post Code Phone Number.....

Please provide the names of people who have legal contact with the child and who have parental responsibility:.....

.....

Please provide two emergency contact names and phone numbers (*other than yourself*)

Name relationship to child

Phone number

Name..... relationship to child.....

Phone number.....

Child's Doctorsurgery

Address.....

.....

Phone number.....

Child's religion

Special health requirements/ known allergies / additional needs etc:

I give my permission for any emergency treatment to be given to my child during a crèche

Photo permission given? **YES** **NO** **YES but some restrictions**

Parent's signature: Parent's Name: (please print)

Creche signature Creche team member:

Date