**Busy Bees Registration Form and Medical Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s name |  | | | |
| Date of birth |  | Class | |  |
|  | | | | |
| Parent/carer name |  | Parent/carer address | |  |
| Contact telephone  Home |  |
| Contact telephone work |  | Contact telephone mobile | |  |
|  | | | | |
| Emergency contact 1 name |  | Emergency contact 1 home number | |  |
| Emergency contact 1 mobile number |  | Emergency contact 1 work number | |  |
| Emergency contact 2 Name |  | Emergency contact 2 home number | |  |
| Emergency contact 2 mobile number |  | Emergency contact 2 work number | |  |
|  | | | | |
| Details of allergies and action required |  | | | |
| Details of medical conditions and action required |  | | | |
| I give permission for my child/ward to be given emergency treatment if required | Signed | | Dated | |

**Please return by Friday, 12 July 2019**