



## Early Birds 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	