



**Child's details**

First name		Surname	
Date of Birth			
Home address			
Postcode			

**Priority 1 Contact details (parent or carer with same home address as the child).**

Title		Relationship to child	
First name		Surname	
Telephone number			
Alternative telephone number			
Email address			

**Priority 2 Contact details**

Title		Relationship to child	
First name		Surname	
Telephone number			
Alternative telephone number			
Home Address (if different from above)			

**Priority 3 Contact details**

Title		Relationship to child	
First name		Surname	
Main telephone number			
Alternative telephone number			
Email address			

### **Medical and Dietary Details**

Name of Doctor	
Surgery name	
Surgery address	
Telephone number	
Please tell us about any medical conditions that your child may have:	
Does your child have any additional needs	
Does your child have any allergies	
Does your child have any dietary requirements	
Any more relevant information	

### **Authorisation for Emergency Treatment**

In the event that my child is involved in a serious incident while at Acorns; the manager, or a member of Acorns staff, will contact me on the above emergency contact number immediately.

In the event that my child requires immediate treatment before I am able get to the hospital, I hereby authorise the Manager or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signature of Parent/carer:	
Print name:	
Date:	

**Collection Arrangements**

We are committed to providing care and education for children and a safe and secure environment. If an adult other than the child’s parent will be collecting the child from Acorns, we will ask for a password from them before allowing the child to leave. Please select a unique password and provide the names of authorised persons who can collect your child(ren):

Name of Child	
Unique Password	

Persons (other than parents) who are authorised to collect your child from Acorns.

1)	
2)	
3)	

**Parental Consent for Photographs and PG Films.**

Acorns uses photographs of the children in school and trust publications, on the school website and social media and in local media such as Village Voice and Grantham Journal. Any photographs of children will not have their names attached.

I consent for my child’s photograph to be used in school, trust and local media

Childs name	
Parents name and signature	
Date	

I consent for my child to watch films with PG rating whilst at Acorns.

Childs name	
Parents name and signature	
Date	