



1st FINCHAMPSTEAD
CHILD DETAILS FORM

Full Name.....

Known as.....

Address.....

.....Post Code.....

Home Tel No.....

Date of birth.....

Ethnic origin.....

Language(s) spoken.....

Mother's full name.....

Mobile Tel No.....Email Address

Father's full name.....

Mobile Tel no..... Email Address

Name and address of emergency contact.....

.....Tel No.....

If applicable home address of any parent who does not normally live at the same address as the child:.....

.....Tel No.....

Name and address of child's family doctor.....

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Tel No.....

Has the child any medical/health problems, Allergies or conditions? If so, please specify:

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Does your child have any learning difficulties or behavioural problems? Please be as specific as possible.....

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Please note that due to the large numbers of children in our group we may need you or another adult to remain at the group meetings with your child if we deem his/her behaviour or disability to need one-to-one support, for health and safety. This will also apply to camps as, unfortunately we do not have enough volunteers to provide that level of supervision.

Has your child been fully immunised? YES / NO

When was your child's last tetanus immunisation?

I agree to my child being photographed during group activities YES / NO

Photographs are used during presentation evenings to parents to show you what we do during sessions and at our various camps.

My child can swim 50m in light clothing YES / NO

Do you have any (unusual or ordinary) skills that you wouldn't mind sharing with the Group or Section? (e.g. flying model planes, circus skills, accountancy, electronics, catering for groups)

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I confirm that the information I have provided is accurate and truthful. I understand that if any details should change regarding my child (address/ phone number/ health or behavioural issues)

I am required to update these immediately with the group.

Signed.....

Relationship to child:

Date: