

|  |  |
| --- | --- |
| Full Name of Child: |  |
| Date of birth: |  |
| Nationality & Religion: |  |
| Email Address:  |  |
| Emergency Contact Details: |  |
| Emergency Contact Details |  |
| Allergies:  |  |
| **I give my consent to** Face Painting Activities: | Yes / No |
| Temporary Tattoos:  | Yes / No |
| Having a non-allergenic plaster applied: | Yes / No |
| Anything else we should know?  |  |

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 **Child Registration Card** **Child Registration Card**

In the event of a medical emergency or accident involving my child whilst my child

is in the care of Tinies, I understand that the staff will endeavour to contact me as

soon as possible. Where this is not possible or where time is of the essence, I give my consent and authority to the Tinies Team to seek medical attention, advice, or

treatment for my child as appropriate. I understand that Tinies cannot administer live saving or invasive treatment without consultation with parents. The onus is on the

parents to ensure that they update Tinies Childcare with any changes in medical or emergency information.

I have read and understood the parent policies and confirm that I accept for my child

to be admitted to the Tinies setting.

Parent/guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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