

# THE OWLERY REGISTRATION FORM

## Contact Details

Child's Name : .....

Date of Birth : .....

Parent/Carer's Name : .....

Address : .....

.....

Telephone No. : .....

Religion and other considerations:

.....

Please list, in order of preference, people to be contacted in case of emergency:

NAME	TELEPHONE NUMBER	RELATIONSHIP TO CHILD

**Doctor's Name, Address and Telephone No.**

.....  
.....

**Medical conditions:**

.....  
.....

**Allergies:**

.....  
.....

**Any regular medications:**

(Please specify whether medication is kept in school and confirm that medical forms have been completed)

.....  
.....

**Special Dietary Requirements**

.....  
.....

I understand that a password must always be given before my child will be released from The Owlery.

**The Password for my child is:**.....

I give the following people permission to collect my child from The Owlery and understand that they must be able to give the applicable password.

Name	Relationship to child

In the event of a medical emergency, The Owlery staff will always make every effort to contact the parent/carer at the earliest opportunity. However, if this is not possible either due to the parent/carer not being available or the medical emergency being time critical, I give The Owlery staff permission to seek emergency medical care, and if unable to contact the parent/carer, to give the details provided on this form to any relevant medical professional.

In the event that we are unable to contact the parent/carer, I give permission for my child to receive any necessary emergency medical and dental treatment from a relevant medical professional that should prove necessary.

**Print Name:**..... **Signed:**.....

**Dated:**.....