

## Acton Playgroup

C/O Acton Primary School Lambert Drive, Acton Sudbury, Suffolk CO10 OUS

☎ 01787 464270 ☎ 01787 464888 (Chairperson) Registered Charity # 1027943

Email: actonplaygroup@hotmail.co.uk

## **Updated Information Form 2019**

If you require any assistance in completing this form, please speak to a member of staff who will be pleased to help.

CHILDS FULL NAME	D.O.B
Parent/Carer's Name(with whom child lives)	Tel. #
E.mail Address	
Address	Post Code
Parent/Carer's Name	Tel. #
Address (If different from above)	Post Code
Please name all adults with parental responsibility and / or legal co	ntact:
Documentation of proof seen i.e. birth certificate/legal document	yes/no
Mum:	
Dad	
Other	
Child's Doctor	
Doctorio Address	Tol #

Childs Health Visitor
Please Tick Which Infectious Diseases Your Child Has Had.
Measles German Measles Mumps Chicken Pox
Please Tick Which Vaccinations Your Child Has Had.
Tetanus Whooping Cough Diphtheria Polio MMR
Is your Child Allergic to milk? Yes/No Would you prefer your child to drink milk/water or either.
Preferred language used at home
We/I give permission to the seeking of any necessary emergency medical advice or treatment in the future.
SignedDate
Medical History For the Playgroup records we need to have the following information
Does your child have any medical condition asthma, eczema etc/Allergies we should be aware of:
Does your child have to take any medication? Yes/ No
Has your child ever been stung by a Bee or Wasp?
Does your child have any additional needs e.g hearing impairment, visual impairment, delayed speech or other?
Has/is your child had contact with any of the following professionals:- I have help from/Contact with/attend – please give contact details:- Health Visitor Advisory Teacher Speech and Language Therapist Educational Psychologist Occupational Therapist Paediatrician Portage Physiotherapist Other
Because
Security Password