



# Admissions Form

## Basic Details

Full Name of Child:

\_\_\_\_\_

Preferred Name:

\_\_\_\_\_

Date of Birth :

\_\_\_\_\_

Gender:

\_\_\_\_\_

Ethnicity:

\_\_\_\_\_

Religion (if any):

\_\_\_\_\_

Language Spoken:

\_\_\_\_\_

Names of Parent/Carer:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No:

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Mobile No:

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Workplace Name:

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Work No:

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Other Emergency Contact:

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Names of persons authorised to collect you child and contact No:

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## Medical Details

Doctor's Name:

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Doctors Address:

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Doctors Tel No:

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Medical No:

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Health Visitors Name (if applicable):

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Health Visitors address:

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Details of any Significant Health Issues:

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Details of any Special Educational Needs:

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Details of any Disability:

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Details of any special dietary requirements and allergies:

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Record of Immunisations (including Dates):

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Do you consent for members of Harvills Fun Academy staff to apply sun cream to your child in hot conditions?

Yes

No

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In the event that your child requires immediate medical treatment before you are able to get to the hospital, do you authorise the Manager, or a delegated member of staff to consent to emergency medical treatment on your behalf?

Yes

No

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In the event that your child requires a blood transfusion before you are able to get to the hospital, do you authorise the Manager, or a delegated member of staff to consent on your behalf?

Yes

No

In the event that your child requires an Inhaler, do you authorise the Manager, or a delegated member of staff to administer on your behalf?

Yes

No

Any other relevant medical information.

Parent/Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR HARVILLS FUN ACADEMY USE ONLY:

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_