**CHILD’S EMERGENCY PERSONAL RECORD**

A copy should be held by the Chaperone for each child under their care and should travel with the child at all times.

CHILD’S DETAILS

Child’s Name: ….................................................................................................

Date of Birth: ……….…………. Age: …….......... Male/Female

Address:…………………………………………………………………………..………..………………………………………………………….………………….......... Telephone Number: ..……………..………………………………………......

DOCTOR’S DETAILS

Doctor’s Name:................................................................................................

Address:…………………………………………………………………………………..………………………………………………………….…………………..............................................................................................................................Telephone Number: ..……………..………………………………………

Next of Kin/Contact Persons:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact 1 | Contact 2 | Contact 3 |
| Name |  |  |  |
| Address |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Relationship to Child |  |  |  |
| Telephone No 1 |  |  |  |
| Telephone No 2 |  |  |  |

Medical Information: e.g. medical conditions, medications etc.

……………………………………………………………………………………………………………………………………….............……………………………………………………………………………………………………………………………………………..................................................……..…………………………………………………………………………………………………………………………………………………......................................................................................................................................................................................................................................................................................................................................................................................................

Dietary Information:

…………………………………………………………………………………………………………………………………………………..

Other Information e.g. Allergies, Religious Observations etc.

……………………………………………………………………………………………………………………………………….............……………………………………………………………………………………………………………………………………………..................................................……..…………………………………………………………………………………………………………………………………………………......................................................................................................................................................................................................................................................................................................................................................................................................

Parental Consent

I give my consent for ………………………………….………….. (Name of Chaperone) to take any necessary action for the safety and welfare of my child.

Signed: …………………………………………………..

Print Name: ………………………………………………….. (Parent/Guardian)