



KIDZONE INFORMATION FORM

The Information on this form will be made available to those working in Kidzone with your child as appropriate and forms the primary source of information regarding your child should an emergency arise. In order to help us care for your child we would be grateful if you would provide us with the following information.

Child's name: _____ **DOB** _____

Medical information: state any allergies, "forbidden" foods & other important medical information:

Special needs – physical, emotional, educational: _____

Is there anything else that would be helpful for us to be aware of? _____

Minor first aid- Note: Parents/carers shall remain within the church/school complex during Kidzone and shall be responsible for the administration of minor first aid should this be necessary.

Parent's/Guardian's Name: _____ **Spouse/Partner** _____

Address: _____ **Town:** _____

Postcode _____ **email** _____

Home Tel no. _____ **Mobile no.** _____

- Feel free to talk to your child's group leaders about any concerns or issues you would like to raise.
- Please inform us of any changes to these details. Thank you for your co-operation.

From time to time St Paul's photographs the children and uses appropriate images for publicity purposes, including social media, (children are not named). Please tick this box if you DO NOT wish your child to be photographed.

Signed: _____ Date: _____