



# Registration & Emergency Information Form

Please complete this form so that we can act appropriately in an emergency and also contact you regarding Little Rascals. The information provided will not be used for any other purposes or released to any third party.

Please continue on the reverse of this sheet if you run out of room.  
Thank you.

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1 Child's name ..... Child's date of birth ...../...../.....

2 Child's name ..... Child's date of birth ...../...../.....

Parent's / Legal Guardian's name .....

Address .....

..... e-mail.....

Telephone number ..... Mobile number .....

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## Other persons who may bring the child to Little Rascals and their relationship to the child

1 .....

2 .....

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## Other Emergency contact numbers

Name ..... Telephone number .....

Name ..... Telephone number .....

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## Does the child have any allergies or medical condition that we should be aware of?

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In the event of illness or emergency I authorise the medical authorities to carry out any treatment on the child / children where it is considered that a delay would be detrimental to the child's welfare. I understand that the medical authorities are obliged to seek the permission of the parent / legal guardian in the first instance.

I give explicit consent to 'Little Rascals' for holding of the above information about my child / children.

Signed ..... Date ..... / ..... / .....

Print name .....