

**CHILDCARE PROVISION FOR NHS STAFF/BLUE LIGHT SERVICES**

If you are an employee of the NHS staff and / or blue light emergency services please complete the following and return it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child(ren):

School:

Home Address:

Parental/carer contact number:

Alternative emergency contact number:

Allergies/ emergency medical information:

Parent name:

My employee’s contact details are:

I will require this service 5 days a week Monday – Friday:   Yes

I will require this service for the following days during the week

Monday Tuesday Wednesday Thursday Friday

I will require this service between the following hours for each day indicated above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that I am an employee of the NHS staff and /or blue light emergency services.

I will adhere to the policy for social distancing outside the childcare centre.

I understand the risks associated with my decision to place my child in the emergency childcare centre.