

## Emily's Star Registration Form

Date of application .....

### About the child

Childs Full Name .....

Male / Female

Childs date of birth

/

/

Diagnosis .....

### About the Family

Parent / Guardian Name .....

Address .....

Postcode .....

Contact Number .....

Email Address .....

Sibling Name/s .....

Date of Birth .....

Sibling Name/s .....

Date of Birth .....

Sibling Name/s .....

Date of Birth .....

### Medical Release Form

Please fill in the section below, giving Emily's Star permission to receive medical information about this child. If the child is over 16, and they are able, they must sign this part themselves (Unless they are unable)

I, parent/guardian, [insert your name]

hereby give permission for the Children with complex needs nursing team to release information on [Insert Child's name below]

Signed .....

Please return the form to:

Emily's Star

8 Wimborne Crescent

Westcroft

Milton Keynes

MK4 4DE

Or email - [Darcy@emilysstar.co.uk](mailto:Darcy@emilysstar.co.uk)

  
www.emilysstar.co.uk  
Registered Charily no: 1152520