Confidential Visitor Sign-In

Date: _____

Please PRINT directly on the black boxes for confidentiality. When you leave, find your initials to sign out.

Post Code	CHILD'S NAME	Child's Age	PARENT/CARER'S NAME	Read Rules of play? Yes ☐	Parent/Carer initials	Time In	Time Out
Post Code	CHILD'S NAME	Child's Age	PARENT/CARER'S NAME	Read Rules of play? Yes ☐	Parent/Carer initials	Time In	Time Out
Post Code	CHILD'S NAME	Child's Age	PARENT/CARER'S NAME	Read Rules of play? Yes ☐	Parent/Carer initials	Time In	Time Out
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The information contained on this fire register is highly sensitive and should be handled in-line with GDPR guidelines and your own GDPR policy

Post Code		Child's Age		Read Rules of play?	Parent/Carer initials	Time In	Time Out
				Yes ❑			
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				Yes ❑			

GDPR COMPLIANT