

CHILD INFORMATION & 'PERMISSIONS' FORM FOR SCHOOL-MANAGED CHILDCARE

Name of setting: The Holiday Club @ Chiltern Edge, Chiltern Edge School, Reades Lane, Sonning Common RG4 9LN

If you have any questions or comments, please get in touch with the Playscheme manager. Your child will not be able to attend this event if you do not complete and return this form before the start of the club. This form has to be completed annually.

Child's full name:Male/Female

Name used, if different from above:Date of birth:

Home address incl postcode:

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Tel: (land/mobile)..... Email:

Name of parents/carer: Relationship to child:

Address, tel. & email, if different from child's address above:

.....

Place of work: Tel: Email.....

Alternative 2nd Emergency contact:

Relationship to child:

Contact details:

Alternative 3rd Emergency contact:

Relationship to child:

Contact details:

*Who has parental responsibility for the child?

*Names of any people who have been given the legal right to have contact with this child, by a court (if applicable).....

Child's doctor:

Surgery address and tel.:

Main language used: Nationality: Religion:

Any cultural or religious observances that should be taken into account when caring for the child (e.g. diet, dress, religious holidays).....

Medical background - Does your child suffer from any chronic/severe allergy whereby he/she may require a life saving injection whilst in the setting? Yes/No Details.....

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Any other known allergies/ any other health matters the setting should be aware of: e.g. Heart problems, hearing, asthma

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It is the responsibility of the parent/carer to supply, check and maintain the long term medication, e.g. EpiPen, Asthma pumps. The setting will ensure that long-term medication is kept secure. Please identify on the additional sheet any medication that may be required to be administered by staff.

*It is a legal requirement that we have these details for EYFS-age children. Information on parental responsibility is available at www.direct.gov.uk

I am aware of the complaints procedure for The Holiday Club and I understand where I can find the Holiday Club Policies and that I can read them at www.chilternedge.oxon.sch.uk. A hard copy is available at my request.

Signed: Date:

Parent/carer of: (child's name)

I give permission for my child (named overleaf) to be transported by car/minibus (if applicable)

Signed: Date:

I give permission for staff at the setting to seek any necessary emergency medical advice or treatment for my child (named overleaf)

Signed: Date:

I give permission for staff at the setting to apply sunscreen supplied by me/the setting to my child (named overleaf)

Signed: Date:

Photograph/Video Permission: We would like to ask your consent to take photographs/videos of your child for any possible future marketing purposes including web or print, i.e.: during activities, film-making workshop, sports event, plays and other activities as appropriate.

Signed: Date:

The setting must keep a record (signed by a parent/carer of the child) of the name of any person who the parent/carer has authorised to collect their child from the setting. Please give name(s), if applicable

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Signed.....Date:.....

Please give a password to be used for collection of child:.....

Signed: Date:

For parent/carer of a child under 6:I give permission for my child's key person at this setting to share relevant information with the school where s/he also receives education and care under the Early Years Foundation Stage framework

Name of school ;.....Class.....Teacher.....

Signed:Date:

Additional Needs: Do you feel your child has an additional need / information that you would like to discuss with a member of staff in confidence?Yes/No.....

If you answered yes to the above, we will contact you to discuss in more detail

Setting Details: Information contained in this form is personal data, which may be held in a computer, and therefore subject to the Data Protection Act 1984.

Enrolment Form – Confidential. All information will be treated in strictest confidence and in no way jeopardises the provision of a place for your child. Failure to disclose relevant information will mean that the setting will not accept any liability for your child if a severe reaction occurs whilst he/she is in the setting. March 2013.

Administering Medication Form

Child's Name:

Date of Birth:

Name/Type of Medication:

Dosage:

Start of Prescription:

End of Prescription:

Doctor's Name:

Doctor's Telephone Number:

Doctor's Address:

Any other relevant medical information (e.g.: Allergies, family medical history etc):
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.....
.....

Parent's/Carer's Name:

Address:

Emergency Contact Numbers:

Child's Medical Number:

I hereby consent to the designated First Aider, or a delegated member of staff, administering the above medication according to the details given here and any other relevant medical advice.

Signature of Parent/Carer:

Date.....

If you have any questions or comments please get in touch with the Playscheme Manager. Members of staff at the Club will not be able to administer medication to your child if you do not complete and return this form. Under no circumstances will members of staff administer medication against the will of a child.