

Child/Young Person's Information Booklet

Please help us to care for your child by sharing the following information with us.
Confidentiality will be maintained at all times.

First Names		<i>A photograph of your child is essential. Please attach one here</i>
Nicknames – prefers to be called		
Surname		
Date of birth		
Address		
Post code		
Name and age of siblings		
School attended		
Religion		
Languages spoken		
Name of Parent/carers		
Home phone number		
Mobile number		
Email		
Emergency contact name		
Emergency contact phone number		
GP's Name		
GP's Address		
GP's Phone number		
Diagnosis of child/young person's disability/special need		
Medical Number		
Who has parental responsibility for the child		
Who has legal contact with the child		
Name of person NOT allowed to pick up your child		

Ethnicity, please tick

White British	White Irish	White Other	Mixed: White & Black Caribbean	Mixed: White & Black African	Mixed: White & Asian	Mixed: Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British: Indian	Asian or Asian British: Other Asian	Black or Black British: Black Caribbean	Black or Black British: Black African	Black or Black British: Other Black	Chinese or other ethnic group: Chinese	Chinese or other ethnic group: Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child/Young person's feeding needs

Do they:	Yes/No	Further details
Need any help with feeding?		
Have any specific routines, i.e. warming, mashing food?		
Have a special diet?		
Have any foods you do not want them to eat?		

Child/Young person's play needs

Do they:	Yes/No	Further details
Need any special care when playing?		
Have any favourite activities?		
Have least favourite activities?		

Child/Young person's behavioural needs

Do they:	Yes/No	Further details
Have any behaviour which might affect others? I.e. biting/scratching?		

What might trigger the above behaviour?	
What is the best way to deal with the behaviour?	
What things might upset/scare your child?	
What is the best way of comforting them?	

Child/Young person's bathroom management

Do they:	Yes/No	Further details
Go to the toilet unprompted?		
Sometimes need reminders?		
Need to be supervised?		
Wear nappies or pads?		
Use special words or signs to indicate they need the toilet?		
Use special equipment e.g. hoist?		

Child/Young person's sensory and communication needs

Do they:	Yes/No	Further details
Have any hearing loss?		
Understand verbal communication?		
Have trouble making themselves understood?		
Use sign language or any other non-verbal signs?		
Have any sight loss?		

Child/Young person's mobility needs

Do they:	Yes/No	Further details
Walk unaided?		
Use a wheelchair?		
Use other specialist equipment?		
Manage steps/stairs?		

Child/Young person's safety

	Yes/No	Further details
Are they aware of dangers?		
May try to run away/climb boundary wall fences etc?		
Is there anything we should be aware of when planning for their safety?		
We run clubs on a ratio of one adult looking after four children (1:4). Is this appropriate for your child?		
If NO: Is your child able to cope on a ratio of one adult to two children (1:2)?		
If NO: Your child will be cared for on a 1:1 ratio. Please state the reason for this.		

Please use this space to tell us extra information that you feel we should know about your child in order to keep them safe. Please include any information that will help our staff ensure your child's enjoyment at the clubs and that of the children they play with.

Vaccinations

When did they have their last Tetanus vaccination?	
Please give details of all other vaccinations including name and date.	

Child/Young person's medical needs

What is the diagnosis of your child's disability/additional needs?

(Please add further explanation if you feel that it is needed.)

Do they have any other medical needs?

Do they have any allergies?

If Yes, what are the likely consequences should they be exposed to this?

Is your child diabetic?

Does your child have epilepsy/seizures?

(If Yes, you will be asked to complete more information on an epilepsy management form.)

What are the warning signs?

What behaviour is expected during the fit?

What is the usual duration of the fit?

What care and medication is needed?

How often does your child have a fit?

Child/Young Person's Consent form

Child's Name _____ Date of birth _____

Parents/
Carers name _____ Today's date _____

Please sign and date each section to give consent.

If you do not give consent, do not sign but cross the relevant section out instead.

Payment of fees:

I hereby consent to paying the fees in respect of places booked. I will pay this in advance of each booked session.

Signature of Parent/carer: _____ Date: _____

Consent for outings:

I hereby give consent for my child to go on walks and go on outings, e.g. walks to the local park and shops, and trips to the local school to take part in hydro-therapy sessions, use the soft play equipment and the outdoor equipment. Specific consent will be sought for major excursions. I agree for my child to be transported by minibus, bus or taxi as required.

Signature of Parent/carer: _____ Date: _____

Sunscreen protection:

I hereby give consent to New Hope staff applying sunscreen to my child.
(I will provide this in my child's bag)

Signature of Parent/carer: _____ Date: _____

Photographs:

I hereby give consent to my child appearing in New Hope photos and to be used for publicity purposes.

Signature of Parent/carer: _____ Date: _____

Information sharing:

I hereby give consent to the delegated New Hope staff, contacting my child's school to discuss care issues. I hereby consent to the details I have written in my child's information form being shared where necessary. 1) Amongst the staff team at New Hope to ensure that the staff are aware of my child's needs. 2) for monitoring purposes for funding providers such as the lotto.

Signature of Parent/carer: _____ Date: _____

Administering medication consent:

I hereby consent to delegated New Hope staff, administering medication according to the details given in my child's information form and medication consent form. I understand that it is my responsibility to keep the manager up to date with my child's medical information and I will inform them immediately of any changes.

Signature of Parent/carer: _____ *Date:* _____

Emergency medical treatment:

In the event that my child is involved in a serious accident whilst at New Hope, I expect the delegated member of New Hope staff, to contact me immediately on the emergency contact number provided. In the event that my child requires immediate medical treatment before I will be able to get to hospital, I hereby authorise the delegated member of staff to consent to emergency medical treatment on my behalf. I understand that this authorisation will remain valid until I contact the manager to withdraw it.

Signature of Parent/carer: _____ *Date:* _____

Policies and procedures:

I hereby agree to safely deliver and collect my child to and from our premises at the agreed opening and closing times. I agree that if I have any concerns over the settings premises, I will make an appointment to view the setting before my child attends and I will contact the manager to liaise with them regarding my child's safety whilst on the premises.

Signature of Parent/carer: _____ *Date:* _____