

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 |
| | | | | | | |

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

Childs 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 Potens 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 Potens photos and to be used for publicity purposes.

Signature of Parent/carer:

Date: _

Information sharing:

I hereby give consent to the delegated Potens 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 Potens 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 Potens staff, administering negotiation 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 Potens, I expect the delegated member of New Potens 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 liase with them regarding my child's safety whilst on the premises.

Signature of Parent/carer:

Date: _