Staff to complete

|  |  |
| --- | --- |
| Allergies/Medical |  |
| Disabilities |  |
| EHCP |  |
| Dietary |  |
| Photography  |  |

Please answer all questions fully and accurately in order that your child’s record has the correct information.

**CHILD’S DETAILS**

**Child’s first name :**

**Surname :**

**What s/he likes to be called :**

**Gender :**

**Date of Birth :**

**School :**

**Year Group :**

**Home Address :**

**Post Code**  **:**

Does your child have a sibling? Yes / No

If yes, please give name:

**PARENT/GUARDIAN DETAILS**

**Title :**

**First name :**

**Surname :**

**Telephone :**

**Email :**

**EMERGENCY CONTACT DETAILS (not same as parent details previously listed)**

**1st Contact Name**

Relationship to child :

Email :

Telephone

Day :

Evening :

Home :

Mobile :

Work :

**2nd Contact Name**

Relationship to child :

Email :

Telephone

Day :

Evening :

Home :

Mobile :

Work :

 If your child is going to be collected by someone other than individual named above then this person will need to provide a password.

|  |  |
| --- | --- |
| Password on collection will be |  |

**MEDICAL**

Which surgery is your child registered with?

Name of Surgery :

Address :

Tel No :

**ABOUT YOUR CHILD**

Does your child have any difficulties or disabilities we should be aware of? Yes / No

Does your child have an EHCP? Yes / No

If yes, please state the ways you support them.

Does your child take medication? Yes / No

If yes, please state medication and discuss with The Squirrel Club staff and complete medical form.

Does your child have any allergies or medical conditions different to above? Yes / No

If yes, please state and discuss with The Squirrel Club staff and complete medical form.

Does your child attend Alderley Edge Community Primary School? Yes / No

If no, which setting do they currently attend?

**DIETARY NEEDS**

Does your child have any specific dietary requirements? Yes / No

If yes, please specify and discuss with The Squirrel Club Manager.

Does your child have any food allergies not mentioned above? Yes / No

If yes, please specify and discuss with Squirrel Club Manger Please describe typical allergic reaction e.g. itchy rash, swelling lips etc.

**SAFEGUARDING**

Does your child or family have support from other agencies/professionals? Yes / No

If yes, please specify and discuss with The Squirrel Club Manager.

**RELIGION** if your child follows a particular religious belief, please specify:

**CONSENT**

 Yes  No The Squirrel Club Team can carry out first aid on my child.

 Yes  No My child will be able to follow The Squirrel Club behaviour policy and rules.

 Yes  No I abide by The Squirrel Club policies, terms and conditions.

 Yes  No My child, under supervision, may use school facilities and visit local areas e.g. park, library.

 Yes  No The Squirrel Club staff can help apply sun cream to my child when appropriate. (Child’s arms leg shoulders and face, as appropriate).

I consent for the staff at The Squirrel Club to take photos of my child for?

 Yes  No Displays

 Yes  No Website /Media

 Yes  No Student portfolio

I confirm that the information given above is correct and will advise The Squirrel Club immediately of any changes to these details.

Signed :

Print name :

Date :

Details checked by The Squirrel Club Manager / Deputy Manager

Signed :

Manager :

Date :