Rainbow Stop Playgroup Information Form

**(To be completed and returned to the setting prior to your child starting in September)**

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| **Child’s Details** | | | |
| First Name |  | Known as |  |
| Surname |  | Date of Birth |  |
| Address  (including postcode) |  | Sex | Boy  Girl |
| Home Language |  | Looked After Child (LAC) | Yes No |

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| **Parent’s Details** | | | |
| Names of Parents/Guardians | | Telephone Numbers | |
|  | | Home:  Work:  Mobile:  Email Address: | |
|  | | Home:  Work:  Mobile:  Email Address: | |
| Mother’s Occupation |  | Father’s Occupation |  |
| **List everyone who has parental responsibility for the child in accordance with the Children (NI) Order** | | | |
| Name: Relationship to child:  Address:  Telephone Number: | | | |
| Name: Relationship to child:  Address:  Telephone Number: | | | |
| **Please provide two additional emergency contact details (other than parent/guardian)** | | | |
| Name: Relationship to child:  Address:  Telephone Number: | | | |
| Name: Relationship to child:  Address:  Telephone Number: | | | |

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| **People authorised to collect the child (must be over 18 years old)** | |
|  | Relationship: |
|  | Relationship: |
|  | Relationship: |
|  | Relationship: |
|  | Relationship: |

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| **Health Information** | | |
| Name of Child’s Doctor |  | |
| Surgery Address |  | Telephone Number: |
| Health Visitor |  | Telephone Number: |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS AND GIVE DETAILS. DOES YOUR CHILD:** | | |
| Have any allergies? | | |
| Have an epipen? | | |
| Have any ongoing health issues? (glue ear, gromments, visual difficulties, asthma etc) | | |
| Have a medical condition? | | |
| Take any regular medication? | | |
| Has your child had any major illness, operations or a hospital stay? | | |
| Are you concerned about any aspect of your child’s health? | | |
| Have any special dietary requirements? | | |
| Are your child’s immunisations up to date? | | |

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| **Additional Comments:** |

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| **Other agencies involved (if known)** | | |
|  | Please tick | Name & telephone number (if known) |
| Child Development Clinic: |  |  |
| Speech & Language Therapy |  |  |
| Physiotherapy |  |  |
| Occupational Therapy |  |  |
| Educational Psychology |  |  |
| Autism Advisory Service |  |  |
| Community Paediatrician/Medical Specialist |  |  |
| Child & Family Clinic/CAMHS |  |  |
| Social Services |  |  |
| Sure Start |  |  |
| Other (Please specify) |  |  |

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| Parental Consent |
| I do/do not give consent for my child’s photograph to be taken and used in the Playgroup.  (Photographs will be used for display in the Playgroup and in local publications)  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I do/do not agree for my child’s image and name to be printed in local newspapers.  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I give permission for observations and records to be maintained on my child for the purpose of curriculum planning and the individual development of my child. (This information will be kept confidential)  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I give permission for my child to have contact with any animals that may visit the setting for educational purposes.  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I give permission for my child to attend Playgroup trips on a bus provided with seat belts, when required.  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I give permission for staff to change my child when needed including toileting accidents, spillages or getting wet or dirty outside or in the water area.  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I give permission for staff to contact any health professionals involved with my child’s care (Including Speech therapy, O.T, Physiotherapist, Health Visitor, Educational psychologist or Child Development Clinic.)  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I give permission for staff to apply sun cream to my child during the session where weather permits and will ensure there is sun cream provided in my child’s bag.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Information sharing consent (this will be carried out in discussion with you)** |
| I/We (parent/guardian’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for the setting staff to share  relevant information about my/our child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with appropriate professionals working with him/her.  Parent/guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This consent form is valid until your child enters primary school. |
| **\*\*Please make staff aware of any changes in circumstances during the year\*\*** |