

Parent(s) Details continued

Please indicate if there are any custody issues that we need to be aware of. Please supply a copy of the legal documents pertaining to these arrangements. E.g. Does your child only live with one parent? Are you a child's legal guardian? Are there any legal access arrangements that we need to be aware of?

Emergency Contact Details

Name	Relationship to child	Telephone Number(s)	Authorised to Collect Child
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Password

Please provide a password that you would like us to use if your child is collected by someone different.

Medical Information	
Name Of Doctor	
Doctors surgery and address	
Telephone Number of surgery	
Please give details of any medical or health needs e.g. inhalers, allergies, special dietary requirements, medical conditions etc	
Name of Health Visitor	
Telephone number	
I give my consent for information to be shared with my health visitor. We have regular meetings with health visitors to support you and your family e.g. speech therapy referral.	
Signed	Date
First Aid	
In the event of an emergency I/We give my/our consent for my/our child to be given medical/ first aid treatment and/ or to be taken to hospital	
Signed	Date
<u>To Administer Paracetamol Suspension</u>	
In the event of an emergency I/We give my/our consent for my/our child to be given Paracetamol Suspension	
Signed	Date
Application of creams	
I give my permission for creams (supplied by me) to be applied by the children's centre staff as required e.g. sun cream, nappy cream	
Signed	Date

Social care	
If you child has a social care worker for any reason, please provide their name, contact details and provide details of their involvement in the case. Please note: If your child has a protection plan, please state this below but you should not disclose specific details about this on this form.	
Support	
Has you child been referred for hearing loss/sight/other? Please provide details below	
Are you receiving any other help or support? e.g. child and family services, home start, integrated children's services, princess royal assessment group. Pleas provide details below	
Photography Permission	
I/We give my/our permission for photographs to be taken of my child to use	
For use within the centre (e.g profiles, displays, observations)	Yes / No
For use within the centre's marketing (e.g prospectus)	Yes / No
For use within the external media (e.g shropshsire star)	Yes / No
For use within Facebook/Website	Yes/No

Centre Activities	
I/We give my/our consent to my child taking part in normal centre activities, which are organised to take place outside the centre; on the understanding that I will be told in advance of the activity.	
Signed	Date
Cultural Information	
How would you describe your child's ethnicity or cultural background?	
What is the main religion in your family (if any)?	
Are there any festivals or special occasions celebrated in your culture that you would like to see acknowledged within the centre	
What language(s) is/are spoken in your home?	
If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment?	Yes / No

Agreement	
Signed:	Date:
Signed:	Date: