Greenhills Pre-School

Registered Charity No. 1131512

Basic details.

Name of child. _____ _____   Name known as. _____

Middle name. _____   Date of Birth. _____

Gender (male/female) _____

Name of parent(s) with whom child lives

Parent 1 _____

Does this parent have parental responsibility? Yes/No

Parent 2 _____

Does this parent have parental responsibility? Yes/No

Address _____

_____

Email _____

Telephone _____   Mobile _____

Name of parent with whom child does not live

_____

Does this parent have parental responsibility? Yes/No

Address _____

_____

Email _____

Telephone _____   Mobile _____

Does this parent have legal access to the child? Yes/No

Parental responsibility is defined by the Children's Act 1989. People that have parental responsibility are: birth mothers (except where the child has been adopted) birth fathers if they were married to the mother at the time of the child's birth and all birth fathers if they and the birth mother register the birth of their child together from 1st December 2001.

Emergency contact details

Parent 1 – Work/daytime contact number _____

Parent 2 – Work/daytime contact number _____

Other emergency contacts

Name _____

Telephone _____ Mobile _____

Name _____

Telephone _____ Mobile _____

Persons authorised to collect the child (must be over 16 years of age)

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Personal details of child

Does your child have any special dietary needs or preferences? Yes/No

| |
| |
| |

Is your child allergic to anything?

| |
| |

How would you describe your child's ethnicity or cultural background?

| |
| |

What is the main religion in your family? _____

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

_____

What language(s) are spoken at 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

If so, discuss and agree with the key person how you will support your child when settling in:

Does your child have any special needs or disabilities? Yes/No

Details _____

Are any of the following in place for your child:

Early Years Action?   Yes/No
Early Years Action Plus?   Yes/No
Statement of special educational need?   Yes/No

What special support will he/she require in our setting?

_____

Name of professionals involved with child

Name 1 _____   Role _____

Agency _____   Telephone _____

Name 2 _____   Role _____

Agency _____   Telephone _____

Do you have a health visitor?   Yes/No

Name _____   Based at _____

Telephone _____

Has your child had their 2 year check?   Yes/No

Are you willing to share information from your child's health record? (red book)

Yes/No

Does your family have a social care worker for any reason?   Yes/No

Name _____   Based at _____

Telephone _____

What is the main involvement of the social care department with your family?

<div style="border:1px solid black; height:100px;"></div>

NB If the child has a protection plan, make a note here, but do not include details.
Ensure these are obtained from the social care worker named above and keep
these securely in the child's file.

Name of Doctors Surgery _____ Telephone _____

Name of Doctor _____

Does your child have any health issues that we should be aware of?

<div style="border:1px solid black; height:140px;"></div>

Please tick the boxes to show that your child has had the following –

Diphtheria, Whooping cough, Tetanus, Polio, Hib (1)   ☐

Diphtheria, Whooping cough, Tetanus, Polio, Hib. (2)   ☐

Diphtheria, Whooping cough, Tetanus, Polio, Hib. (3)   ☐

Measles, Mumps. Rubella (MMR)   ☐

Pre – School booster (Diphtheria, Tetanus, Polio)   ☐

Consent Forms

Medical emergency consent
In the event of_____ (child's name) needing emergency medical treatment, I give/do not give permission for a suitably qualified First Aider to administer First Aid to my child, or take to A+E, or call for medical assistance, or an ambulance if necessary, and to sign on my behalf any consent forms required by medical authorities, if they know that it would not be advisable to wait for my own signature.
Please note: 1. The authorizing signatory for the above consent must have legal "parental responsibility". Thus, if the parents are unmarried, only the mother of the child has legal "parental responsibility" in these circumstances. 2. Every attempt will be made to contact the parents/guardians of the given emergency contact.
Signed:
Date:
Relationship to child:

Short trips consent
I give/do not give permission _____ (child's name) to go on small supervised outings.
Signed:
Date:
Relationship to child:

Photography consent

I give permission for Greenhills Pre-school to photograph my child _____ for the following purposes (please tick)	
  - Child records - Displaying on walls of pre-school - Newspaper articles] - Prospectus - Staff coursework - Social Media (Greenhills Facebook page)	
Greenhills Pre-school will not take or use photographs in an inappropriate manner. Consent can be withdrawn at any time	
Signed:	
Date:	
Relationship to child:	

Information sharing policy

We recognise that parents have a right to know that information they share will be regarded as confidential as well as be informed about the circumstances, and reasons, when we are obliged to share information.

We are obliged to share confidential information without authorisation from the person who provided it or to whom it relates if it is in the public interest. That is when:
it is to prevent a crime from being committed or intervene where one may have been or to prevent harm to a child or adult; or not sharing it could be worse than the outcome of having shared it.

The decision should never be made as an individual, but with the back- up of management committee officers. The three critical criteria are:
Where there is *evidence* that the child is suffering, or is at risk or suffering, significant harm.
Where there is *reasonable cause to believe* that a child may be suffering or at risk of suffering significant harm.
To *prevent* significant harm arising to children and young people or serious harm to adults, including the prevention, detection and prosecution of serious crime.

In accordance with GDPR regulations, we are obligied to gain your permission to hold the information that you have provided to us.

I have read the above and understand that there may be circumstances when information will be shared without my consent

Signed:

Date:

Relationship to child:

Dear Parent/carer

In the event that you are unable to collect your child from Pre-school could you please provide us with a password of your choice. This will be asked for by the staff when the allocated person comes to collect your child.

My child's password is ……………………………………