|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |  | **DOB:** |  |
| **HOME ADDRESS** |
| House Name/No. |  | Street: |  |
| Village: |  | Town: |  |
| Postcode: |  |
| **CONTACT DETAILS** |
| **Parent/Guardian full name(s):** |  |  |
| **Contact Numbers:** For day to day correspondence (Parents/Carers) |
| **Name** | **Home** | **Mobile** | **Work** |
|  |  |  |  |
|  |  |  |  |
| **Email** (please write clearly) |  |  |
| **Emergency Contacts:** Only contacted in an emergency and if we cannot get hold of Parents/CarersPlease include someone who speaks English if this is not your first language |
| **Name** | **Telephone** | **Relationship to Child** |
| **1** |  |  |
| **2** |  |  |
| **Diagnosis/Medication: (***Please write any relevant names and numbers of Health Care Professionals for this if applicable)* |
|  |
| Any **allergies** that require medical attention:List below:Do they have an Epipen? | YESYES | NONO | Any **intolerances** that can lead to becoming unwell?List below: | YES | NO |
| Allergies: | Intolerances: |
| **Current School or Nursery** address and contact details: |  |
| **Are you receiving support from other services?** E.g. Social Care, Paediatrician |  |
| **Is there anything else that would be useful to know?** |  |

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| **Please mark the following consents with an “X” where relevant** | **Yes** | **No** | Contact me first |
| I agree to my child participating in supervised activities and outings |  |  |  |
| I agree to a trained Bucks Activity staff member administering first aid |  |  |  |
| I agree to a trained Bucks Activity staff member administering medication as agreed |  |  |  |
| I agree to Bucks Activity staff applying sun cream to my child(sun cream must be supplied by parent/guardian in a named container) |  |  |  |
| In the case of an emergency or sudden illness, I agree to my child receiving medication and any emergency dental, medical, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary and instructed by the medical authorities present |  |  |  |
| I agree to inform the project coordinator of any contagious or infectious diseases or illnesses that my child has been in contact in the four weeks prior to his/her attendance to any activity |  |  |  |
| I agree to inform the service if my child is unable to attend activities within 48 hours of the day of attendance, wherever possible |  |  |  |
| I agree to deliver and collect my child at the agreed times and notify the service as soon as possible if there are any delays |  |  |  |
| I agree for my child to having their photograph taken:I consent to my child’s photo to being used positively in the following: |  |  |  |
| **In service only** (notice boards, learning journeys etc.) | In Bucks Activity **communications** (Newsletters, leaflets etc.) | On Bucks Activity **social media** pages (website, Facebook, twitter etc) | I do not want my child to be recognisable to others (no faces, hands only etc) |
|  |  |  |  |
| I agree to the service contacting other professionals involved in my child’s care if this enables their needs to be more effectively met |  |  |  |
| **DECLARATIONS** | **YES** | **NO** |
| I have read, fully understand and am satisfied that it is my responsibility to consider activities provided by Bucks Activity Project and book my child on to suitable activities that s/he will be able to access and will find enjoyable |  |  |
| I understand that I must be contactable at all times while my child is participating in activities and may be required to collect my child from an activity early if his/her behaviour is causing an unacceptable level of risk to him/herself or others or the session becomes unsafe for any reason |  |  |
| I understand that Action for Children is fully insured to offer the programme of activities available from Bucks Activity Project and I may request details of that insurance cover. |  |  |
| I understand that Bucks Activity Project will request an information update annually which I am required to complete. I also understand that I am required to inform the service of any changes that are relevant to the care of my son/daughter as changes occur. I will inform Bucks Activity Project as soon as possible of any changes in the medical or other circumstances between now and the commencement of any trip/activity. |  |  |
| I understand that some staff are trained in Team Teach and that if my child displays challenging behaviour or becomes at risk of harm a physical intervention may be used to keep my child or others safe. |  |  |

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| **Full Name of Parent/Carer:** | **Signature:** | **Signature of Young Person if over 16 years of age: if appropriate** | **Date:** |
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