



Early World Kids Clubs All About Me!

Please complete in BLOCK CAPITALS, and hand in to us on your child's first day.

Me

My name is I like to be called

I was born on

I live at

..... My telephone number is

My Family

I am looked after by my

Whose name(s) is/are

..... works at

and can be contacted during the day on telephone number(s)

..... works at

and can be contacted during the day on telephone number(s)

If I am unwell please contact first

I will normally be collected by *(If not one of the above, please give address and telephone number.)*

.....

.....

My Personal and Medical Details

My Religion is *This question is optional. We ask so we can be sensitive to your needs.

My Doctor is Tel. No.

Allergies* - *(For medically serious allergies, please also include/attach first aid advice from your doctor.)*

I have the following allergies

.....

.....

.....

**Please note, we display brief details of each child's allergies and other needs/restrictions on activities in their activity room to ensure that staff have instant access to this vital information. Visitors to the room may see this information.*

I will need to take the following medication whilst at Earlyworld:

.....

.....

.....

I may not be given certain food, drink, medical attention or take part in certain activities (please give details, e.g. Halloween or other festivals).

.....

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.....

I have noted below any further information which may be of assistance to staff in helping me to settle in at Earlyworld Kids Club: (e.g. favourite activities, things I like to do, cultural or other special requirements)

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Parent’s/Guardian’s Consent

I give my permission for details of my child’s allergies and other needs/restrictions on activities to be displayed in my child’s activity room. In the event that my child needs emergency medical treatment, the persons nominated above will be contacted and informed of the situation. I understand that if we cannot be reached I give my consent to Earlyworld staff to seek qualified medical advice, attention or treatment.

For my child’s safety, no-one other than the recognised parent or guardian will be allowed to collect my child unless prior arrangements have been made, and the collecting adult brings proof of ID, e.g. driving licence.

If my child becomes unwell, I give consent for staff to administer mild pain relieving medication such as Calpol/Disprol. **YES / NO**

We occasionally use face paints in some of our fun activities. Can your child take part? **YES / NO**

I am happy for my child to use the sunscreen provided by Earlyworld. **YES / NO**

I give my permission for Earlyworld staff to apply sunscreen. **YES / NO**

I give my permission for my child to go for local walks, and with prior notice, trips with Earlyworld **YES / NO**

Signed **Date**

Name