



Earlyworld 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

..... Postcode

Telephone number E-mail*

*For Earlyworld use only.

My Family

I am looked after by my
(who has/have parental responsibility for me)

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*).

.....

.....

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. names and ages of siblings who live with me, pet's names, favourite activities, cultural or other special requirements.*)

.....

.....

.....

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 overleaf 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.

I give my permission for Earlyworld staff to give my child children's paracetamol or ibuprofen if my child is has a temperature or needs pain relief e.g. has an earache or headache etc. **YES / NO**

I am happy for my child to use the Calpol/Nurofen * delete as applicable provided by Earlyworld. **YES / NO**

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

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

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

I give my permission for my child to go for local walks with Earlyworld staff **YES / NO**

I give my permission for Earlyworld staff to take photographs of my child enjoying the activities at Earlyworld and to use them to help promote the club, e.g. in news articles in local papers and on the Earlyworld website and social media pages. **YES / NO**

Signed **Date**

Name

Data Protection: The information that you provide on this form will be used to help us to provide appropriate care for your child and will only be held/processed in accordance with data protection laws.