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| Child’s Full Name: | Date of Birth: |
| Child’s Address: | Home Language: |
| Password for Collection (where applicable): |
| **Adults with Parental Responsibility** | |
| Name:  Phone number: | Name:  Phone number: |
| Address (if different from child): | Address (if different from child): |
| Relationship to Child: | Relationship to Child: |
| Does anybody else have a legal right to contact with the child? | |
| Yes / No | |
| Details: | |
| **Emergency Contact Numbers** | |
| 1st Contact’s Name:  Address:  Relationship to Child: | Tel: |
| 2nd Contact’s Name:  Address:  Relationship to Child: | Tel: |
| 3rd Contact’s Name:  Address:  Relationship to Child: | Tel: |
| 4th Contact’s Name:  Address:  Relationship to Child: | Tel: |

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| Does your child have any known allergies? | |
| Yes / No | |
| Full Details: | |
| Does your child have any known medical conditions? | |
| Yes / No | |
| Full Details: | |
| Is your child up to date with their NHS vaccinations? | |
| Yes / No | |
| If no, please give details: | |
| **Child’s GP** | |
| Name:  Tel: | Address: |

Please tick each box below to give your consent.

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| **Complaints** | |
|  | I have been given/sent a copy of the Complaints Policy and know how to contact Ofsted should I have a formal complaint that cannot be resolved between ourselves. |
|  | I have been given/sent a copy of the Safeguarding Policy and understand the legal duty that childminders are bound by, to report any concerns about a child’s welfare or safety. |
| **Accidents and Emergencies** | |
|  | I give my permission for my child to receive basic first aid within the setting, where necessary. Including plasters to be used on my child. I understand that I will see a copy of any accident/incident reports involving my child, which I must sign and date. |
|  | I give permission for ticks to be removed if found on my child and understand that I will then be advised to take my child to their GP as soon as possible. |
|  | I give permission for my child to be taken to the accident and emergency department (A&E) for urgent medical attention if this is necessary and I cannot collect them immediately. |
|  | I agree to my child being left in the care of an assistant or Jesse Plunkett-Hall in case of an emergency. I agree to collect my child as soon as possible after being contacted, should this occur. |
|  | I give permission for my contact details to be shared with assistants or Jesse to use only in case of an emergency. |
|  | I have checked with my emergency contacts, and they are also happy to have their contact details shared with my childminder those stated above. |
| **Physical Contact** | |
|  | I give permission for my child to have sun cream applied as required on hot days. Please provide this. |
|  | I give permission for wet wipes to be used on my child. |
|  | I give permission for the nappy cream to be applied to my child, if required. |
| **Off-Site Journeys** | |
|  | I give permission for my child to go on local walks, each of which I will be notified about in advance. |
|  | I give permission for my child to be taken on short car journeys in a vehicle belonging to Grace Plunkett-Hall of which I will be notified about in advance. I understand that they must have an up to date MOT, road tax and childminding insurance, as well as appropriate car seats for each child. |
|  | I give permission for my child to use a car seat provided by Grace Plunkett-Hall which has been inspected regularly to ensure safety. |
| **Outdoor Play** | |
|  | I give permission for my child to use large outdoor equipment in the setting.  I give permission for my child to use the paddling pool which I will be refilled daily and monitored while in use. |
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| **Photographs & Observations** | |
|  | I agree that any photographs sent to me showing other children in the setting will be for personal use only by parents/carers. They will, under no circumstances, be shared on social media or sent to anybody else outside the setting. |
| **If you do not give consent for photographs to be used in some of the situations below, please cross the relevant boxes to make your wishes clear.** | |
| I give my permission for photographs to be taken of my child: | |
|  | to be sent to me via email/private group/pre-agreed childcare app/on paper; |
|  | to be shared in group messages, which can be seen by other parents from the setting; |
|  | to be seen in the background of photographs taken of other children and sent to their parents/carers; |
|  | to be used in a portfolio to be kept in the setting and viewed by children, prospective parents, childcare course evaluators, Ofsted inspectors, etc; |
|  | to be used freely on my childminder's website/social media page, as an advertisement for their setting - with my child's face showing; |
|  | to be used on my childminder's website/social media page, as an advertisement for their setting - only when my child's face is blurred out or obscured. |