Holiday Club Child Information Sheet

Child’s Name School child Attends

Parents/Carers/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this person have parental responsibility for the child Yes/No

If No, please give details of who does\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

Name Relation to Child

Contact Number

Address…………………………………………………Postcode……………………

Name Relation to Child

Contact Number

Address…………………………………………………Postcode…………………….

**OTHER INFORMATION:** Things we need to know to help us provide continuity of care

**Allergies**

Has your child ever had an allergic reaction to ANYTHING Yes/No

If Yes please provide full details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Tick if your child Tetanus Jab is up to date **□**

**Food/Drinks (especially fruit and snacks)**

Likes:

Dislikes:

Special Dietary requirements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities**

Likes

Dislikes

Is there anything they are scared of?

Is English your child’s second language? Yes/No

If yes, please give details of their first language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?

………………………………………………………………………………………………………………………………………………………………..

**Health**

Does your child have any of the following

Asthma/Breathing problems Yes/No

Skin Conditions Yes/No

Hearing Difficulties Yes/No

Sight Difficulties Yes/No

Speech Difficulties Yes/No

Any long term illness/conditions Yes/No

If you have answered Yes to any of the above, please give details below.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Doctors Name………………………………………………….Phone Number…………………………………… Address……………………………………………………………

**Arrival/Departure**

List the names of anyone (other than parents) who will be delivering/collecting your child

1. Name………………………………………………………Relation to child…………………………………..…..

Address………………………………………………………………………………………………………………………

Postcode…………………………………… Phone Number……………………………………………..

2. Name………………………………………………………Relation to child……………………………………….

Address………………………………………………………………………………………………………………………

Postcode………………………..Phone Number…………………………………………….

**Is there anyone who should not have contact with your child or is legally prevented**

**Yes/No**  If yes please give details…………………………………………………………………………………………………

**Anything Else:**

Is there anything else you think we should know in order to meet the needs of your child? Or anything you have concerns about.

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