

**ESSENTIAL INFORMATION FORM**

*Please can you fill out all sections & let us know if there are any changes*

Child’s Name ……………….……………………………………… Date of Birth …………………………

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

……………………………………………………………………………..Post Code ………………………

Email ……………………………………………….Telephone No ………………………………………..

Ethnicity …………………………………………… Religion ……………………………………………….

Parent / Carer’s Name: …………………………….. Mobile No…………………………………………..

Who has legal custody of the child? ……………………………………………………………………….

Who has parental responsibility for the child/ young person? ……………………………………………

No. 1 Emergency Contact Name & No ……………………………………………………………………..

No. 2 Emergency Contact Name & No ……………………………………………………………………..

Doctors Name & telephone number …………………………………………………………………………………….

Name of Social Worker (if applicable) ……………………………………………………………………….

Would you be happy for the play provider to talk to your Social Worker? YES NO

Would you describe your child as disabled or having additional needs? YES NO

**Medical Conditions**/allergies/medication taken:

Does the child/young person need to **take medication** during the playscheme? Yes No

If yes please give details

**Dietary requirements** e.g. preferences or **food or any allergies**:

**Portrait of your child** – What Do they **like** (e.g. water, painting):

**Portrait of your child** - **Dislikes** (e.g. smells, noise, activities):

**Brief description of additional needs** (e.g. support with toileting/eating, will seek to escape, ASD, behaviour issues, anxious etc):

**Are there any strategies or best ways to support your child** and encourage positive behaviour? (Please give any tips/strategies when supporting)

**Communication** What is the best way to talk with your child?How does your child communicate?

**Data Protection Act 1998** All information held about you will be kept secure and will only be used for data analysis for Funders or to send you relevant information about the Playscheme. Data will be held confidentially for a minimum of one year or longer dependant on how long you use the service.

I consent to the provider sharing information with other commissioned play/short break providers

I consent to data information being used for the purposes of running the Playscheme.

Signed: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_