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| --- | --- | --- | --- |
| **Does anybody else have a legal right to contact with the child?** | | **Yes:** | **No:** |
| **Details:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Adults with Parental Responsibility** | | | |
| **Name:** |  | **Name:** |  |
| **Address** (if different  from child): |  | **Address** (if different  from child): |  |
| **Relationship  to Child:** |  | **Relationship  to Child:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Contact Numbers** | | | | |
| **1st Contact’s Name:** |  | **Relationship to Child:** | |  |
| **Address:** |  | **Tel:** |  | |
| **2nd Contact’s Name:** |  | **Relationship to Child:** | |  |
| **Address:** |  | **Tel:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Full Name:** |  | **Date of Birth:** |  |
| **Child’s  Address:** |  | **Home Language:** |  |
| **Password for Collection** (where applicable): |  |

Personal Information and Permissions

**Personal Information and Permissions**

|  |  |
| --- | --- |
| **Child’s GP** | |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number:** |  |

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| --- | --- | --- | --- |
| **Is your child up to date with their NHS vaccinations?** | | **Yes:** | **No:** |
| **If no, please give details:** |  | | |

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| --- | --- | --- | --- |
| **Does your child have any known medical conditions?** | | **Yes:** | **No:** |
| **Full Details:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your child have any special dietary requirements?** | | **Yes:** | **No:** |
| **Full Details:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your child have any known allergies?** | | **Yes:** | **No:** |
| **Full Details:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3rd Contact’s Name:** |  | | |
| **Address:** |  | **Tel:** |  |
| **4th Contact’s Name:** |  | | |
| **Address:** |  | **Tel:** |  |

I give permissions for the nappy cream I supply to be applied to my child, if required.

I have checked with my emergency contacts and they are also happy to have their contact details shared with my childminder and .

I give my permission for my child to receive basic first aid withing the setting when necessary. I understand that I will see a copy of any accident/incident reports involving my child, which I must sign and date.

I have been given/sent a copy of the Safeguarding and Child Protection Policy and understand that childminders are bound by a legal duty to report any concerns about a child’s welfare or safety.

I give permissions for wet wipes to be used on my child.

I give permissions for my child to have sun cream reapplied on hot days.

**Physical Contact**

I give permission for my contact details to be shared with for use only in case of an emergency.

I agree to my child being let in the care of in case of an emergency. I agree to collect my child as soon as possible after being contacted, should this occur.

I give permissions for plasters to be used on my child where necessary.

I give permission for my child to be taken to the accident and emergency department (A&E) for urgent medical attention if it is necessary and I cannot collect them immediately.

**Accidents and Emergencies**

I have been given/sent a copy of the Complaints Policy and know how to contact Ofsted/the registering agency should I have a formal complaint that cannot be resolved between ourselves.

**Complaints**

Please **tick** each box below to give your consent.

**Permissions Section:**

**Personal Information and Permissions**

I give permissions for my child to go on local walks.

**Off-Site Journeys**

**Personal Information and Permissions**

I give permissions for my child to go on the school run via foot/car/public transport.

I give permissions for my child to be taken on short car journeys in a vehicle belonging to (for which I will be notified about in advance).

I give permissions for my child to be taken on short journeys via public transport, for which I will be notified about in advance.

**Outdoor Play**

I give permissions for my child to use large outdoor equipment in the setting and in purpose-built playgrounds.

**Photographs and 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.

**Please tick or cross below to sap how photographs of your child may or may not be used:**

I give my permission for photographs to be taken on my child:

to be sent to me via email/private group/pre-agreed childcare app/on paper.

to be shared in groups 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 which will 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 the setting – with my child’s face showing.

to be used on my childminder’s website/social media page as an advertisement the setting – only when my child’s face is blurred or hidden.

All data and photopraphs are stored securely in line with the Confidentially Privacy and Data Retention Policy following guidelines set out in the Data Protection Act, 2018.

|  |  |  |  |
| --- | --- | --- | --- |
| **Childcare Practitioner’s Name:** |  | | |
| **Childcare Practitioner’s Signature:** |  | **Date Signed:** |  |
| **Parent/Carer’s Name:** |  | | |
| **Parent/Carer’s Signature:** |  | **Date Signed:** |  |
| **Date Policy Written** |  | **Review Date:** |  |