

Child's Passport To Play

Please use this space above for your child to personalise their own Passport

Child's Name:	
Child's Address:	
Child's Signature/Mark:	

Child's Information

Full name of child:		It is essential you please attach a photo of your child here
My child likes to be known as:	E.g. nick names	
Date of birth:		
Home address:		
2 nd home address (if child stays at more than one home)		
Home number:		
Mobile number:		
Parent / Carer's Names:		
Parent / Carer's Names:		
Emergency contact numbers (Please ensure that 2 numbers are provided)		
Name of Emergency Contact	Relationship to Child	Telephone Number
1.		
2.		

GP's name:	
GP's Address:	
GP's telephone number:	
If applicable, please give details of your child's special needs and/or disability:	
Please give details of any other specific medical needs:	
Child's Medical Number:	
Does your child have any sensory problems?	E.g. has trouble hearing, seeing, smelling, etc
Has your child had all the usual childhood vaccinations?	Yes / No Please detail any information here that we need to know:

Please give the name and address of every parent and carer that is known to your child:		
Role i.e other/Father/Step mum/Step dad/Carer/	Name of person	Address of person

Please state which of these parent and carers the child normally lives with:	
Who has legal contact with your child:	
Who has parental responsibility for your child:	
What is your child's home language:	
What support does your family need in organising any sessions for your child?	

What is your child's Educational Needs Status: (please tick)	No special educational need:		Early Years Action/School Action:	
	Early Years Action Plus / School Action Plus:		Statement of special needs:	

What is the ethnicity of your child: (please tick)	White British:		White Irish:		Traveller of Irish Heritage:		Gypsy / Roma:		Other white background:	
	Mixed White & Black Caribbean:		White & Black African:		Other Mixed background:					
	Asian or Asian British:		Indian:		Pakistani:		Bangladeshi:		Other Asian background:	
	Black or Black British:		Caribbean:		African:		Other black background:			
	Chinese:		Any other background:	(Please state)						

What ratio of care is your child usually cared for in a playscheme setting? (Please tick)			
1 adult to 2 children (1:2:2)		1 adult to 4 children (1:2:4)	
1 adult to 1 child (1:2:1)		Please state the reason if 1:2:1 is required:	

Child's Medical Information

If your child will be taking any medication whilst they are on a playscheme please complete the following medication information below: N.B. any medication will need to be brought into a playscheme daily in a container with a pharmacy label on it, which clearly shows the child's name, drug name, dosage, and times. Parents/carers will need to sign a medication consent form and will also need to sign the medication book daily.

Name of medicine (at playscheme)	What the medicine is for:
If your child's medicine is complicated to administer, is there someone that can train / advise the setting staff?	E.g. school nurse, parent/carer, school teacher, health visitor etc

What other Medicine does your child take at home ?

Name of Medicine (at home)	What is the medicine for:	What dosage does your child take?

Epilepsy Please fill in this section if your child is epileptic:

Warning signs of any fit:	
The triggers of a fit:	i.e. getting hot or tired
Methods used to avoid fits:	i.e. distraction or cooling child down
The type of behaviour expected during a fit:	
What is the usual duration of the fit?	
What is the care required for your child if they fit?	
Name of medication required if child has a fit:	N.B Specific dosage etc of medication will be requested at a playscheme
Any other treatment for child during fit:	
What is the care required for your child after a fit?	
Is there any pattern of fitting?	i.e. once a month

Diabetes Please fill out this section if your child is diabetic:	
If your child is diabetic, what time does your child eat snack?	Morning: Afternoon:
If your child is diabetic, what does your child eat at snack time?	Morning: Afternoon:
Will your child require an insulin injection during 10am – 3pm?	Yes / No
What type of Insulin does your child require?	N.B Dosage etc will be required on arrival at playscheme
What are your child's hypoglycaemia symptoms?	
What is your child's hypoglycaemia treatment?	

Allergies Please fill in this section if your child is allergic to anything:	
What allergies does your child have?	
What treatment should your child have if an allergy occurs?	

Child's Personal Details

Play Activities	
What activities / special games / toys does your child enjoy?	
What activities / games does your child dislike?	
What activities / games / toys calm or soothe your child?	
What activities does your child need extra support with?	

Child's Communication	
How does your child communicate?	E.g. verbally, signs, uses pictures etc
What special words does your child use for objects or requests etc?	E.g. "fe fe" means drink etc
If your child uses pictures, signs or symbols to communicate, please bring these with your child to the playscheme.	

Behavioural Needs	
Does your child have any behaviour, which might affect other children?	E.g. Biting / Scratching
What can the staff do to support your child's behaviour?	
What might trigger the above behaviour?	
How do you recommend we respond to your child's behaviour?	
What is the best way of offering comfort to your child?	

Child's Mobility	
Can your child walk unaided?	
If no, what aid does your child need?	
What special equipment does your child use?	
How does your child manage steps and stairs?	
What support does your child need for their mobility?	
If your child is in a wheelchair, how do they relax and play out of their chair?	i.e lying flat on a mat on the floor, or sitting up with cushions
How often would you like us to take your child out of their wheelchair to relax and play?	

Food and Drink

What special diet does your child have?	
What food is your child not allowed to eat?	
What help does your child need in feeding?	
What routines does your child have with eating?	E.g. warm first, spoon feed, give drink after every mouthful etc
What food does your child enjoy?	
What food does your child dislike?	

Toileting Requirements

What are your child's toileting requirements?	E.g. goes unprompted, needs reminding, cannot toilet themselves
What supervision does your child need with toileting?	
What does your child wear for toileting?	E.g. Nappies, training pants, pads etc
What word does your child use to indicate they need the toilet?	
What special equipment does your child need for toileting?	E.g. Hoist, high bed etc
What support does your child need with their personal hygiene?	

Safety issues

What safety issues is your child not aware of?	E.g. hot water, can escape, can't see steps, etc
What should the staff be aware of when taking your child on a trip?	
What causes your child alarm or distress?	E.g. fans, dogs, loud noises etc
What equipment would support your child's safety?	E.g. Buggy or harness when out

School Details

What school does your child attend?	
What is the address of the school?	
What is the phone number of the school?	
What class is your child in?	
What are the class teacher and key workers names?	

Please note, we may contact your child's school to ask them for information on your child to support any targets they may have or to use the same routines they may be using, for example.

Other information:

If there is any other information you would like to tell us about your child, please write it here.

Child's Consent Form

Child's Name:		Date of Birth:	
Parent/Carers Name:		Today's Date:	

Please sign each box to give consent.

If you do not give consent, please do not sign but cross the box out instead. Thank you.

1. Payment of Fees

I hereby consent to paying the fee for the playscheme per day. I will pay this in advance, before the playscheme starts.

Signature of parent/carer:

Date :

(We'll send you a letter to confirm the payment soon)

2. Consent for Outings

I hereby consent to my child participating in any trips out from the setting (full details for whole day trips will be provided at a later date.)

Signature of parent/carer:

Date :

3. Sunscreen Protection

I hereby consent to the staff applying sunscreen to my child when it is deemed necessary.

Signature of parent/carer:

Date :

4. Information Sharing

I hereby consent to a member of staff, contacting my child's school to discuss care issues with the teacher/school nurse/teaching assistant etc. I hereby consent to the information I have written in my child's Passport to Play being shared where necessary amongst the staffing team at my child's setting to ensure the staff are aware of my child's needs.

Signature of parent/carer:

Date :

5. Administering Medication Consent

I hereby consent to the delegated member of staff, administering medication according to the details given in the Passport to Play – Children's Information and other medical advice written in the Medicine Folder.

I agree to keep the staff up to date with medical information regarding my child and notify the Playleader and/or Early Years and Childcare Service immediately of any changes to medicine or administration of my child's medicine.

Signature of parent/carer:

Date :

6. Emergency Medical Treatment Consent

In the event that my child is involved in a serious incident whilst at the playscheme, I expect a delegated member of staff, to contact me immediately on the emergency contact number provided.

In the event that my child requires immediate medical treatment before I will be able to get to Hospital, I hereby authorise the delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Playleader to withdraw it.

Signature of parent/carer:

Date :

7. Up to Date Information

I hereby agree to inform the setting and/or the Early Years and Childcare Service of any changes to my child's address or contact information.

I hereby agree to inform the setting and/or the Early Years and Childcare Service of any changes to my child's needs as detailed in their Passport to Play.

Signature of parent/carer:

Date :

8. Policies and Procedures

I hereby agree to the policies and procedures of the setting, which are available at each setting's premises for me to view and read.

Signature of parent/carer:

Date :

9. Premises and Collection

I hereby agree to safely deliver and collect my child to and from the setting.

I hereby agree that my child is allowed to be cared for at the setting. I agree that if I have any concerns over the settings premises, I will make an appointment to view the setting before my child attends and will contact the staff to liaise with them on my child's safety whilst on the premises.

Signature of parent/carer:

Date :