**Personal Information**

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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:Address (if different from child):Relationship to child: | Name:Address (if different from child):Relationship to child: |
| Does anyone else have a legal right to contact the child? YES / NODetails: |
| **Emergency Phone Numbers** |
| 1st Contact’s Name: Tel:Address: Relationship to child: |
| 2nd Contact’s Name: Tel:Address: Relationship to child: |
| 3rd Contact’s Name: Tel:Address: Relationship to child: |
| 4th Contact’s Name: Tel:Address: Relationship to child: |
| Does your child have any known allergies? YES / NOFull Details: |
| Does your child have any known medical conditions? YES / NOFull Details: |
| **Child’s GP** |
| Name: Address:Tel: |

**Permissions**

Please tick each box below to give your consent.

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| **Complaints** |
|  | I have been read a copy of the Complaints Policy on the website and know what to do should I havea complaint that cannot be resolved between ourselves. |
|  | I have been read a copy of the Safeguarding Policy on the website and understand the legal duty thatThe Art Bus Chester are bound by, to report any concerns about a child’s welfare or safety. |

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| **Accidents and Emergencies** |
|  | I give my permission for my child to receive basic first aid within the setting, where necessary. Iunderstand that I will see a copy of any accident/incident reports involving my child, which I mustsign and date. |
|  | I give permission 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 this is necessary and I cannot collect them immediately. |
|  | I agree to my child being left in the care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in case of anemergency. 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 The Art Bus Chester, for use only in caseof an emergency. |
|  | I have checked with my emergency contacts and they are also happy to have their contact detailsshared with The Art Bus Chester. |

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| **Physical Contact** |
|  | If applicable, I have signed the Intimate Care document to allow The Art Bus Chester to supportmy child with their toileting needs. |
|  | I give permission for wet wipes to be used on my child. |

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| **Photographs & Observations** |
|  | I agree that any photographs sent to me showing other children in the setting will be for personaluse only by parents/carers. They will, under no circumstances, be shared on social media or sent toanybody else outside the setting. |

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| **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/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,etc; |

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| The Art Bus Chester Owner: |
| The Art Bus Chester Signature: | Date: |
| Parent’s Name: |
| Parent’s Signature: | Date: |
| Date Policy Written: May 2022 | Policy Review Date: |