**Personal Information**

|  |  |  |
| --- | --- | --- |
| 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 / NO  Details: | | |
| **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 / NO  Full Details: | | |
| Does your child have any known medical conditions? YES / NO  Full Details: | | |
| **Child’s GP** | | |
| Name: Address:  Tel: | | |

**Permissions**

Please tick each box below to give your consent.

|  |  |
| --- | --- |
| **Complaints** | |
|  | I have been read a copy of the Complaints Policy on the website and know what to do should I have  a 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 that  The Art Bus Chester are bound by, to report any concerns about a child’s welfare or safety. |

|  |  |
| --- | --- |
| **Accidents and Emergencies** | |
|  | I give my permission for my child to receive basic first aid within the setting, where necessary. I  understand that I will see a copy of any accident/incident reports involving my child, which I must  sign 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 an  emergency. 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 case  of an emergency. |
|  | I have checked with my emergency contacts and they are also happy to have their contact details  shared with The Art Bus Chester. |

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

|  |  |
| --- | --- |
| **Photographs & 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. |

|  |  |
| --- | --- |
| **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; |

|  |  |
| --- | --- |
| 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: |