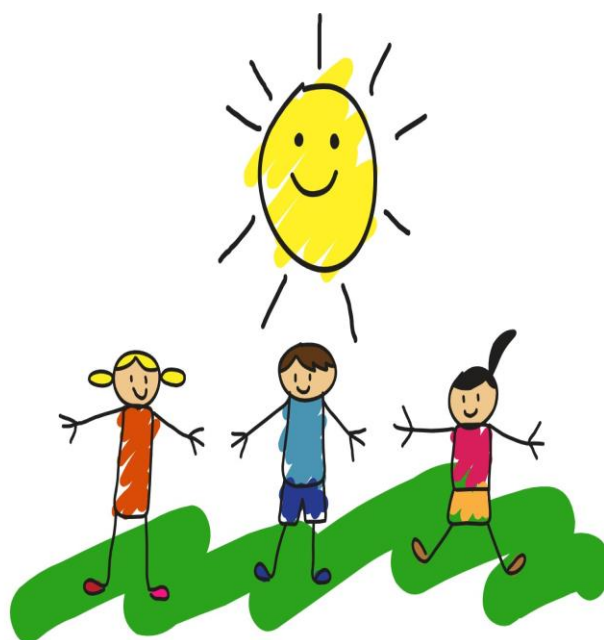


My Care Plan



Sunshine Pre-School


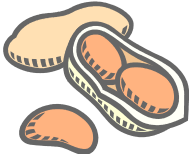
Learning through play

Hare Street, Rochdale, Lancashire, OL11 1JT. Tel: 01706 647959/860151, email: info@deeplichcc.co.uk

Name:

Personal Profiles

Child's Full Name		Home Address	
Child's Date of Birth			
Home Telephone Number			
Mobile Phone Numbers	Dad		
	Mum		
Work Phone Numbers	Dad		
	Mum		
Emergency Contacts in order of priority		2 nd Parents' Address (if applicable)	
e.g. 012345 678901	Aunty Pat		
1.			
2.			
3.			
Ethnicity of child (Please ✓ tick)		Please State your Religion:	
White	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>		
Indian	<input type="checkbox"/>		
Arab (Please Specify)	<input type="checkbox"/>		
.....			
Mixed	<input type="checkbox"/>		
Other (Please Specify)	<input type="checkbox"/>		
.....			
		Marital status of parents:	
		Married	<input type="checkbox"/>
		Separated	<input type="checkbox"/>
		Divorced	<input type="checkbox"/>
		Single	<input type="checkbox"/>
		Cohabiting	<input type="checkbox"/>

<p>Who has legal contact with the child? (Legal contact – Order made by court to determine who is allowed contact with the child. This Order does not give parental responsibility)</p>	
<p>Who has parental responsibility for the child? (Please give names and relationship to child)</p>	
<p>Persons ALLOWED to collect the child i.e. Childminders, neighbours, friends etc</p>	
<p>Persons NOT ALLOWED to collect the child</p>	
<p>Any Fears or Phobias</p>	
	
<p>Allergies</p>	<p>Dietary requirements</p>
	
<p>Any Medical Conditions: Please give details of medication required for any medical condition i.e. asthma and inhalers or use of epi pens for allergic reactions. Please also give details of any major illnesses, injuries and operations and provide dates.</p>	
<p>Name, address and telephone number of Doctor:</p>	
<p>Name, address and telephone number of Health Visitor:</p>	
<p>Name and contact details of any other professionals working with your child:</p>	

This information will be stored in accordance with the Data Protection Act 1998, and treated in confidence and complies with the requirements of the Act.

Me & my family

<p>How many family members are there in your household? Please provide details of persons living in the child's household (please continue on a separate sheet if necessary)</p>	
<p>Full name of Father: Date of birth: Ethnicity: Occupation: National Insurance No:</p>	<p>Full name of Mother: Date of birth: Ethnicity: Occupation: National Insurance No:</p>
<p>Full name: Relationship to child i.e. Brother or Sister</p>	<p>Full name: Relationship to child i.e. Brother or Sister</p>
<p>Full name: Relationship to child: Brother or Sister</p>	<p>Full name: Relationship to child:</p>
<p>Full name: Relationship to child:</p>	<p>Full name: Relationship to child</p>
<p>Full name: Relationship to child:</p>	<p>Full name: Relationship to child</p>
<p>Full name: Relationship to child:</p>	<p>Full name: Relationship to child</p>

All about me

Name I liked to be called:

I use a bottle for milk/juice:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use a dummy/soother:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a fussy eater:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use a spoon:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use a knife and fork:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use a cup/glass:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOILETTING Please ✓ as appropriate <input type="checkbox"/> Nappies <input type="checkbox"/> Toilet Trained (Need reminders) <input type="checkbox"/> Fully Toilet Trained		

Authorisation to provide Intimate Care

Name of child

I hereby authorise Sunshine Preschool to deliver intimate care to the above name child.

Signed Parent/Guardian

Date

Behaviour Management

My positive behaviours include:

For example: I like to share

.....
.....
.....

My inappropriate behaviours include:

For example: I hit and throw toys

.....
.....
.....

Vision/Hearing

I require support for my vision/hearing

Yes/No* (Delete as necessary)

If yes, please specify

.....
.....
.....
.....

Communication

My parents' mother tongue is

My home language is

The language I understand best is



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PARENTAL PERMISSION FORM DECLARATION

In order to ensure that your child receives the best and most appropriate care, attention and treatment in case of an emergency; **please carefully read and sign the declaration below.**

I agree that the staff of Sunshine Preschool can take the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency in the provision or whilst my child is on an authorised outing.

I understand that the staff of Sunshine Preschool will make every effort to inform me of any emergency or accident as soon as possible after the event and they may have to accompany my child to hospital in the case of a serious accident OR follow the appropriate advice provided by a medical expert.

FULL NAME OF CHILD:	DATE OF BIRTH:
---------------------	----------------

I GIVE/DO NOT GIVE* my permission for Sunshine Preschool staff to authorise hospital staff to administer essential treatment until my arrival:
1. First Named Parent/Guardian
2. Second Named Parent/Guardian

*Delete as necessary

**WE KEEP THIS FORM FOR 2 YEARS (OFSTED GUIDANCE), FOR LEGAL PURPOSES 21 YEARS.
COPIES OF THE FORM MUST BE SECURELY ON THE PREMISES AT ALL TIMES**



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CONSENT FORM

I give my permission for my child _____ D.O.B _____

TO BE INCLUDED IN THE FOLLOWING:

- | | |
|--|---------|
| ❖ Local outings | Yes/No* |
| ❖ Photographs for display | Yes/No* |
| ❖ Photographs for record keeping | Yes/No* |
| ❖ Photographs for training purposes | Yes/No* |
| ❖ Photographs for publicity | Yes/No* |
| ❖ Photographs for Local Paper | Yes/No* |
| ❖ Video recordings for record keeping | Yes/No* |
| ❖ Video recordings for staff training purposes | Yes/No* |
| ❖ Video recordings for publicity | Yes/No* |

YOU WILL NOT BE PAID FOR ANY OF THE ABOVE

- | | |
|--|----------------|
| ❖ Regular Staff/Student observations on child | Yes/No* |
| ❖ Application of sun cream (must be provided) | Yes/No* |
| ❖ Application of plaster | Yes/No* |
| ❖ Application of face paint | Yes/No* |
| ❖ Application of henna on special occasions | Yes/No* |

*Delete as necessary

Signed Parent/Guardian:

Date:

Age of Parent if under 18: