



St Paul's Pre-school

Charity No 1020155

Policy 09.01d Permission and Registration Information:

Parent/Guardian's please complete:

Child's First Names	
Child's Last Name	
Usually Known as:	
Date of Birth	
Birth Certificate seen or copy provided	For Pre-school use only yes <input type="checkbox"/> no <input type="checkbox"/>

Name of the parent(s) / Carer(s) with whom the child lives Details:

Parent / Carer 1:	Parent / Carer 2:
Does this parent have parental responsibility? Yes/No (please delete)	Does this parent have parental responsibility? Yes/No (please delete)
Home address	Home address
Occupation	Occupation
Home phone no	Home phone no
Work phone no	Work phone no
Mobile	Mobile
Email	Email

Name of the parent/s with whom the child does not live Details:

Parent / Carer 3:	Parent / Carer 4:
Does this parent have parental responsibility? Yes/No (please delete)	Does this parent have parental responsibility? Yes/No (please delete)
Does this parent have legal access to the child? Yes/No (please delete)	Does this parent have legal access to the child? Yes/No (please delete)
Home address	Home address
Occupation	Occupation
Home phone no	Home phone no
Work phone no	Work phone no
Mobile	Mobile
Email	Email

Emergency contact details:

Parent / Carer 1 day time contact
number.....

Other emergency contacts:
Name:.....

Daytime contact numbers.....

Name.....

Daytime contact numbers.....

Persons authorised to collect the child (must be over 16 years of age)
Any person who is authorized to collect your child from pre-school must give a memorable password to the member of staff before the child can be released into their care. This is for Safeguarding purposes.

Name..... Relationship to child.....

Telephone..... Mobile.....

Name..... Relationship to child.....

Telephone..... Mobile.....

Name..... Relationship to child.....

Telephone..... Mobile.....

Memorable Password.....

Does your child have any special dietary needs or preferences Yes/No (please delete)
.....
.....

How would you describe your child's ethnicity or cultural background?
.....
.....

What is the main religion in your family?
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?
.....
.....

What languages are spoken at home?
If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/ No (please delete)
If so, discuss and agree with the key person how you will support the child when settling-in

.....
.....

Does your child have any special needs or disability? Yes/No (please delete)

Details.....

Does your child need SEN support? Yes/No (please delete)

What special support will he/she require in our setting?.....

.....

What other information is important for us to know about your child? For example, what are they like, or what fears they may have, any special words they use, or what comforter they may need and when?

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

Name of professionals/other preschool or nursery involved with child

Name 1..... Role.....

Agency..... Telephone.....

Do you have a health visitor? Yes/No (please delete)

Name..... Based at.....

Telephone.....

Does your family have a social worker for any reason? Yes/No (please delete)

Name..... Based at.....

Telephone.....

What is the reason for the involvement of social services with your family?.....

.....
.....

NB if the child is on the child protection register, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's file.

Medical Information:

GP name and address	
GP telephone number	

Please list any medical conditions/recurring illnesses/special needs/medication	
Please list any known allergies, including to: food/environment/medication/toiletries/consumer products	
May we use hypoallergenic plasters?	yes <input type="checkbox"/> no <input type="checkbox"/>

Emergency First Aid:

In the event that neither I nor any of the adults named above can be contacted, I give my permission for my child to receive any emergency First Aid/medical treatment deemed necessary by the Supervisor/First Aider at Pre-school. I understand that every effort will continue to be made to contact me or the above named persons, but also understand that it may be necessary for the Supervisor/First Aider to act without delay. I understand that such immediate action would only be taken if the situation were deemed to be an emergency by the Supervisor/First Aider. I also give my consent for any records concerning my child held by St Paul's Pre-school to be passed on to the medical personnel should the need arise in the course of emergency treatment. In the event that the emergency services are called in by the Pre-school, on arrival of the emergency services the Pre-school would hand over all responsibility to the emergency team.

Signed Name

Permission to apply sunscreen lotion:

I give permission for a teacher to apply sun screen when my child needs it	yes <input type="checkbox"/>	no <input type="checkbox"/>
I do/do not give permission for teachers to apply the setting's sun screen lotion (Boot's brand Soltan)	yes <input type="checkbox"/>	no <input type="checkbox"/>
I will provide my own sun screen?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Does your child have any known allergies in association with sunscreens? ?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Signed Name		

Permission to administer Topical and Oral Antihistamine:

If your child has a suspected allergic reaction whilst at St Paul's pre-school, the staff will seek medical help as appropriate and contact you. If a severe allergic reaction is suspected, a paramedic will be called and their advice followed. In the case of a mild allergic reaction such as an insect sting we would like to have the option to administer a topical dose of antihistamine (Anthisan) to your child here at pre-school, to be given after discussion with you. If advice has been sought from a health care professional and they advise an oral dose of chlorphenamine (piriton) we would like to have the option to do that, after agreement with you by telephone. Please indicate below whether you are in agreement:

I consent to my child being administered a single dose of topical antihistamine to be rubbed into the skin in the case of a mild reaction such as an insect sting, after the staff have spoken to me by telephone.

yes no

I consent to my child being administered a single dose (1mg) of chlorphenamine (piriton) for a suspected allergic reaction whilst at pre-school, if this is advised by a Health Care Professional

yes no

Signed Name

Permission to administer Paracetamol:

If your child becomes unwell with a high temperature whilst at St Paul's preschool, the staff will contact you and ask you to collect your child. In the event of any delay collecting your child, we would like to have the option to administer a single dose of paracetamol (calpol) to your child here at preschool. Please indicate below whether you are in agreement:

Recommended paracetamol dosage for children aged 2-4 years:
180mg = 7.5ml of 120mg/5ml suspension

I consent to my child being administered a single dose (180mg) of paracetamol for a temperature over 37.5 degrees whilst at pre-school, after the staff have spoken to me by telephone.

yes no

In the event of any delay in getting hold of me by telephone, I consent to my child being administered a single dose (180mg) of paracetamol for a temperature over 37.5 degrees.

yes no

Signed Name

Permission to photograph your child:

Do we have your authority to take photos of your child for use in their developmental records and internal only displays and digital materials? yes no

Do we have your authority to take photos of your child for use on external displays and digital materials for e.g. our website? yes no

Do we have your authority to take photos of your child for use on our social media platforms? (Instagram and facebook) yes no

Do we have your authority for your child to be photographed on behalf of St Paul's Pre-school for publicity purposes (including by the local press)? yes no

Signed..... Name.....

Permission to take your child on a short outing:

As part of the enhanced provision offered at St Paul's Pre-school, we would like to give the children the opportunity to go out in short outings around St Paul's church and its community. These outings will be conducted at a 1 adult to 2 or 3 children ratio to minimise any accidents or incidents. Outings would include visits to the local shops to buy cooking and baking ingredients, to the Church, to the Church Office to collect post, to the station or the station bridge to see the trains go by, to Western/Westgate Primary Schools and the Library.

Do we have your permission for St Paul's Pre-school teachers to take your child on short outings?
 yes no

Signed..... Name.....

GDPR, Sharing of information and your Personal Data:

The St Paul's Pre-school staff and management team will use the personal data you have provided to contact you about your child's activity at Pre-school and inform you of any illness, accident or emergency whilst at Pre-school. St Paul's Pre-school will not share your data with anyone except where it is required to do so by law. Your personal data will be stored securely for 3 years after your child has left St Paul's Pre-school. With regards to our events and opportunities database your email will be stored until you ask us to stop contacting you. You may ask to be removed from our database at any point by emailing admissions@stpaulspreschoolwinchester.co.uk.

Please circle here if you are happy to be contacted on the telephone number(s) provided above Yes/No
 Please circle here if you are happy to be contacted via the email address(es) provided above Yes/No
 Please circle here if you are happy to be contacted on the mailing address(es) provided above Yes/No
 Please circle here if you are happy to receive emails about pre-school events and opportunities Yes/No

Signed..... Name.....

Confirmation that you have read our Policies:

A selection of St Paul's Pre-school Policies and Procedures can be viewed on our website www.stpaulspreschoolwinchester.co.uk. They contain important information about shared Pre-school practices and standards. Please sign below to confirm that you have read them and agree with them. Note that a full set of policies and procedures is available at the Pre-school.

Signed Name

To be completed by the Pre-school Staff

Date starting at St Paul's Pre-school.....

Days and times of attendance.....

Name of key person.....

Name of back-up key person.....

Has the settling in process been agreed? Yes/No (please delete)

Details.....

Please keep us up to date:

I confirm that the information given here is truthful and accurate. I agree to keep St Paul's Pre-school informed of any change to the details I have given.

Parent/Guardian's signature Date

Key person/Supervisor's signature..... Date.....