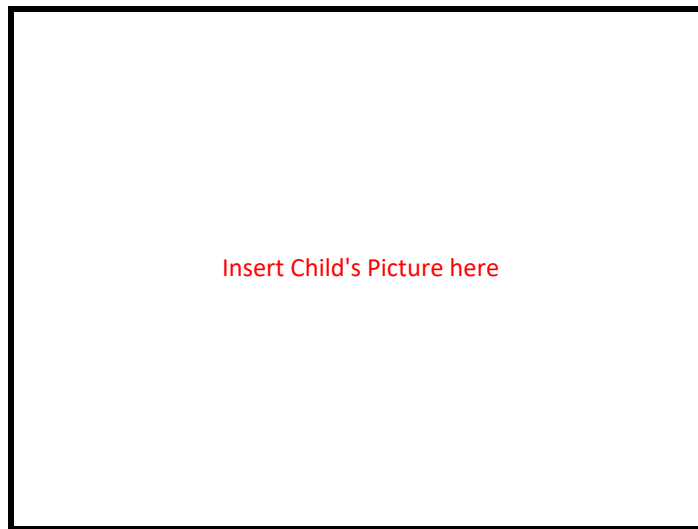


Mistley Kids Club

SEND "All About Me"



My Name is

Date Of Birth

School Attended

Essex Short Breaks ID

Mistley Kids Club Ltd.

Furze Hill Village Hall, Shrubland Road, Mistley, Essex, CO11 1HS

www.mistleykidsclub.co.uk 07809176252

Registered Charity Number 1140273

Updated May 2022 Page 1 of 5

Can your child do each of the following unaided?	Yes	No	Notes
Use the toilet?			
If no, do you consent to a member of staff assisting with your child's toileting?			
Crawl or Walk?			
Feed themselves?			
Use a cup or a bottle?			
Tell us when they are thirsty or hungry?			
Does your child...			
Have a preference on gender of staff caring for them?			
Have an item they use for comfort?			
Make friends easily or prefer their own company?			
Take part in group games and activities?			
Wear glasses, hearing aids or splints?			
If yes, do they need to wear them at all times?			
Hurt themselves or others, when upset?			
Run away or try to escape?			
Have anything you don't want them to take part in?			
Basic info about your child	Notes		
Child's diagnosis			
Things they enjoy doing or playing with			
Things they don't like/Triggers			
How to calm your child down, if upset			
How your child communicates			

MEDICATION INFORMATION

If your child requires any prescription medication whilst at Kids Club, please fill in the chart below.

I give permission for a nominated member of Mistley Kids Club staff to be able to administer medication or assist with any medical care requirements that my child, requires.

(child's name)

Please remember to send in all medications with the correct pharmacy label with the date, dosage and name of the child.

Time(s)	Name Of Medication	Dose	Notes

TOILETING INFORMATION

If your child requires assistance with toileting, please tick the relevant box below.

I give permission for a nominated member of Mistley Kids Club staff to be able to assist in any personal care that my child, requires.

(child's name)

Only allow Females to assist my child.

Only allow Males to assist my child.

No Preference.

Parent/Carer Signature

Date

Essex County Council require certain information to be recorded for each child upon registration.
Please tick all boxes that apply to your child.

ADHD	
Aggressive Behaviour	
Autism	
Cerebral Palsy	
Chromosome Disorder	
Communication	
Cystic Fibrosis	
Dietary Needs	
Downs Syndrome	
Epilepsy	
Foetal Alcohol	
Global Development Delay	
Lack Of Safety Awareness	
Medical Problems	
Mobility Issues	
Personal Care	
ODD	
Rett's Syndrome	
Tube Fed	