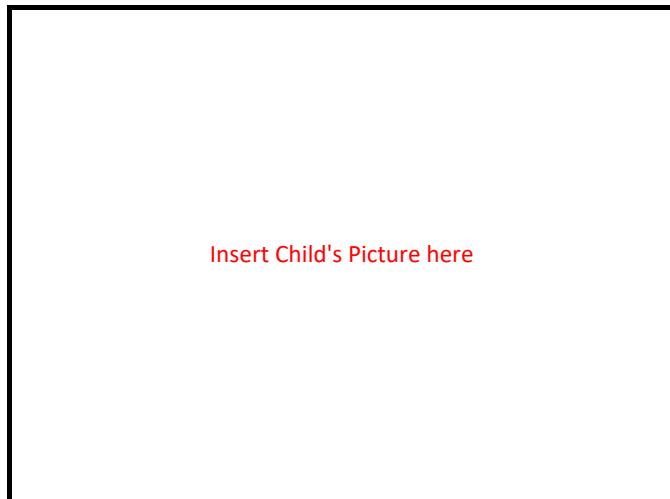


MISTLEY KIDS CLUB

SEND "ALL ABOUT ME"



Insert Child's Picture here

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

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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			
Does your child have an EHCP?			
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

More Information...

Please use this area to tell us any other relevant/important information about your child that you think we may find helpful whilst caring for them.

Please attach or email a clear photo of your child for their "All About Me" lanyards.

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

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