



CHILDREN'S INDIVIDUAL RECORD FORM POLAM HOLIDAY CLUB

Child's name	<i>Plus name by which child is known</i>		
Date of Birth		Sex (M/F)	
Child's first language			
Home address, including postcode and name of person to whom correspondence should be sent.			
Email address			Would you prefer correspondence to be sent by email or post?
Home tel. no.			
Fathers work tel. no.		Mobile	
Mothers work tel. no.		Mobile	
Emergency Contact 1.	Name		Tel. no.
	Relationship To child		
Emergency Contact 2.	Name		Tel. no.
	Relationship To child		
Medical Information			
Doctor's name		Tel. no.	
Does your child wear glasses?		YES/NO	
Does your child have hearing problems?		YES/NO	
List any allergies from which your child suffers (e.g. hay fever, penicillin):			
List any dietary requirements:			
Does your child have routine medication?		YES/NO	
If yes, please give details.			
Details of any serious illnesses or conditions:			

Consent Form

Are you willing to permit a paracetamol (Calpol) to be given as the occasion arises?	YES/NO
I hereby give my consent for(child's name) of (address) to receive medical advice or treatment either by a G.P. or a hospital, if the holiday club is unable to contact the Parent/s or Guardian/s. Parent/s or Guardian/s will automatically be notified of any injury to their child. Failure to sign this form may cause delay in treatment for your child. Signed _____ (Parent/Guardian) Date _____	

I give my consent to photographs being taken of my child/children during their day at Polam, to be used for evidence and display work. Signed _____ (Parent/Guardian) Date _____

I give my consent for the staff at Polam Holiday Club to apply sun cream to my child/children, if necessary. Signed _____ (Parent/Guardian) Date _____

Parents please take note:

I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the Intake Assessment Team. Signed _____ (Parent/Guardian) Date _____
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I am aware that Polam Holiday Club hold policies and procedures that are available for me to see. Signed _____ (Parent/Guardian) Date _____
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In the interests of all the children in our care, we reserve the right not to allow a child into the Holiday Club if he/she is believed to be suffering from an infectious disease. Polam cannot take responsibility for items of clothing or toys which may be brought into the Holiday Club. Fees are payable at the time of booking and arrangements may be made to pay fees weekly for longer holidays.

Parental responsibility/Legal Responsibility

I/We and
Of (address)
Have Sole/Joint responsibility of (child's name)
Signed and