SEND – All About Me

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Essex Short Breaks Passport ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide information where necessary in the following areas:

|  |  |  |  |
| --- | --- | --- | --- |
| **Can your child do each of the following unaided?** | **Yes** | **No** | **Notes** |
| Use the toilet?  |  |  |  |
| Crawl or Walk? |  |  |  |
| Feed themselves? |  |  |  |
| Use a cup or a bottle? |  |  |  |
| Tell us when they are hungry or thirsty?  |  |  |  |
| **Does your child…?** | **Yes** | **No** | **Notes** |
| 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? |  |  |  |
| Will your child take part in group games / activities? |  |  |  |
| Is there anything you don’t want your child to do / take part in? |  |  |  |
| Do they wear glasses, hearing aids or splints? If so, do they need to wear them at all times? |  |  |  |
| Try to hurt themselves or others when upset? |  |  |  |
| Run away or try to escape? |  |  |  |
| **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 they are upset |  |
| How they communicate? |  |

**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.

**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.

* 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.

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

|  |  |
| --- | --- |
| Autism |  |
| Tube Fed |  |
| Mobility Issues |  |
| Global Development Delay |  |
| ADHD |  |
| Medical problems |  |
| Aggressive Behaviour |  |
| Lack of Safety Awareness |  |
| Epilepsy |  |
| Cerebral Palsy |  |
| Downs Syndrome |  |
| Rett’s Syndrome |  |
| Chromosome disorder |  |
| Foetal Alcohol |  |
| Cystic Fibrosis |  |
| Communication |  |
| Personal Care |  |
| Dietary needs |  |