Insured By:  **Child Record Form**

**Password to use: That other people will have to use when collecting your child/children………………………………………………………………………………………………**

**The parent/guardian/carer should complete this form. Copy received:(yes No )**

**In accordance with the new General Data Protection Regulation (GDPR) legislation which changes (May 2018.) I am required as a childminding setting to collect the following information.**

Childs Name........................................................................................... Male Female

Child's preferred Name.................................................................... Date of Birth ...../...../.....

Home address.............................................................................................................................

..........................................................................................Telephone Number...........................

**Details of parent(s)/guardian(s) Carer(s)**

Parent's/Guardian's/Carer's Name.............................................................................................

Address (if different from above)..............................................................................................

Place of Work................................................................... Work Number...................................

 Mobile Number................................

Parent's/Guardian's/Carer's Name.............................................................................................

Address (if different from above)..............................................................................................

Place of Work................................................................... Work Number...................................

 Mobile Number................................

Parental Responsibilities............................................................................................................

Who does the child/children live with.......................................................................................

**The latest safeguarding statutory guidance requires me to have 2 Emergency Contact(s) for the child in case the first cannot be contacted after either of the parents. This is following serious case review outcomes.**

**If you cannot provide any family members or friends that are able to collect your child if you or your partner/Husband/Wife are unable to, then unfortunately I will have no alternative but to contact Social Services.**

**These contacts will also be used should I have no contact with your selves or if your child hasn’t attended just to check all is well.**

**Emergency Contact number 1 (other than parent/guardian/carer)**

Name: ……………………………………………………………………………………………………………………………….

Telephone number.................................................................................................................

Relationship to child………………………......................................................................................

**Emergency Contact number 2 (other than parent/guardian/carer)**

Name: ……………………………………………………………………………………………………………………………….

Telephone number.................................................................................................................

Relationship to child………………………......................................................................................

**Are your emergency contacts happy for you to share their details with me? Yes No**

Name of person who usually collects the child..........................................................................

Other person(s) who may collect the child................................................................................

Other person(s) who may collect the child................................................................................

Further information (if necessary).............................................................................................

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**Child's Doctor**

Name and address......................................................................................................................

........................................................................................Telephone Number............................

**Child’s Dentist**

Name and address.......................................................................................................................

.........................................................................................Telephone Number............................

I give permission for any emergency medical advice or treatment as considered necessary by medical authorities present.

Parent/guardian/carer signature...............................................................................................

 **Immunisations/Vaccinations**

Has your child been fully immunised against:

Diphtheria Whooping cough Tetanus Polio Measles Mumps Rubella Hib/MenC Meningitis C

Other immunisations/vaccinations.............................................................................................

Health Clinic................................................................................................................................

Health Visitor..............................................................................................................................

Allergies/Special diet/Health requirements/Illnesses................................................................

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Medical Conditions and Medication..........................................................................................

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Medical Care Plan........................................................................................................................

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Language spoken at home.....................................Child's religion/culture.................................

Anything else your childminder should know about your child, e.g. likes, dislikes, fears, comfort items, special words

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Parents should notify the childminder of any changes to these details immediately. Details of any accidents which occur while the child is in the care or the childminder should be recorded in the accident, incident, and medication record folder and signed by the parent/guardian/carer

**Parent/Guardian/Carer**

Signature.....................................................................................................................................

Date........................../........................../............................