



Child and parent details			
Child's legal forename			
Child's legal surname			
Child's date of birth			
Child's preferred forename/surname			
Male/female			
Country of birth			
Parent nationality?			
Do parents have British citizenship?	Yes	No	
Does the child have British citizenship?	Yes	No	
Are parents refugees or asylum seekers?	Refugee	Asylum seeker	
Do parents have indefinite leave to remain? (Settlement Status)	Yes	No	
Does the child have indefinite leave to remain (Settlement Status)			
Date of arrival in UK:			
Child's main address: (If the child lives at more than 1 address, please describe the weekly pattern e.g., 5 days at main address, 2 days at secondary address)			
Secondary address (if applicable)			
Do both parents have parental responsibility?	Yes	No	
<b>If 'No'</b> please provide details. Copies of documentation will be required i.e., court order			
Does your child have a <b>named social worker</b> ?	Yes	No	
<b>If 'Yes'</b> please provide <b>social worker name and contact number</b>			
Child's first language		Other languages	
Religion		Child's nationality	
Child's ethnicity			
	I do not wish my child's ethnicity to be recorded		

<b>Family Information</b>			
<b>Who lives with the child at their main address? (Including siblings)</b>			
<b>Name</b>		<b>Relationship to child</b>	
<b>Emergency contacts and pick up details</b>			
<b>First person to contact for emergencies</b>			
<b>This should be someone with parental responsibility who lives with the child</b>			
Mother father/other			
Forename		Surname	
Mobile phone number		Other phone number	
Email address			
<b>Second contact person for emergencies</b>			
Relationship to child (e.g., mother, father, grandma, carer etc.)			
Parental responsibility i.e., named on birth certificate		<b>Yes                  No</b>	
Forename		Surname	
Mobile phone number		Other phone number	
Email address			
Home address (if different from child)			
Permission to collect child		<b>Yes                  No</b>	
<b>Additional contact person for emergencies</b>			
Relationship to child (e.g., mother, father, grandma, carer etc.)			
Parental responsibility i.e., named on birth certificate		<b>Yes                  No</b>	
Forename		Surname	
Mobile phone number		Other phone number	
Permission to collect child		<b>Yes                  No</b>	
<b>Details of anyone who <u>specifically CANNOT</u> collect the child from nursery (e.g., by court order)</b>			
<b>We will require legal documentation / evidence to support enforcing this for those with parental responsibility</b>			
Full name		Relationship to child	
Full name		Relationship to child	

<b>Health and Medical Details</b>	
Dietary requirements of child (If none, please state 'None')	
Details of special medical conditions, e.g., allergies, current medication, eczema, asthma, epilepsy	
Doctor and surgery's name	
Doctor or surgery telephone number	
Health visitor's name	
Health visitor contact number	
Dentist and surgery's name	
Are the child's Immunisations up to date? (Check your child's red book for details)	<b>Yes</b> <b>No</b>
In receipt of Disability Living Allowance	<b>Yes</b> <b>No</b>
Any identified additional need i.e., health care plan, speech and language strategies	
Name of any professionals involved i.e., Speech Therapist, Consultant, Physiotherapist	
<b>Emergency Medical Consent</b>	<b>Consent Given</b>
If my child is involved in a serious accident while at nursery, I will be contacted immediately on the telephone numbers provided. In the event that my child requires immediate treatment before I can get to the hospital, I authorise nursery staff to consent to emergency medical treatment on my behalf.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Administering Oral Medication</b>	<b>I understand</b>
If your child is prescribed medication, staff can only administer this if you complete a medication form. We would advise that, if possible, medication should be given at home, before and/or after nursery.	Yes <input type="checkbox"/>
<b>Applying Sun Cream</b>	<b>Consent Given</b>
I consent for members of staff at nursery to apply sun cream to my child in hot conditions. We expect parents to provide their own sun cream on hot days.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Applying Plasters</b>	<b>Consent Given</b>
I consent for plasters to be used if necessary and confirm my child has no allergy to plasters.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Changing Children</b>	<b>Consent Given</b>
I consent for staff to change my child's clothing if they become very wet. If my child requires nappies, I will provide nappies and wipes for changing.	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Parental Consent

**The following page contains important consent statements which we need you to understand and complete. You are not required to consent to any of the below and you may withdraw your consent at any time by contacting the school office.**

**School visits and outings:**

I consent to my child being taken on off-site visits in the local area on foot. All visits will be risk assessed and approved by the Head Teacher. Qualified First Aiders will be accompanying visits. For trips involving transport, further permission will be sought from parents in advance.

Yes  No

### Photographs and video consents

Nottingham Nursery School will take photos and videos of your child, please indicate below if you give permission for photos and videos to be used for the following;

	Yes	No
<p><b>Within nursery:</b> I give permission for photos of my child to be used within the nursery. E.g., for their pegs and in the classroom on displays or noticeboards.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>On social media:</b> I am happy for photos and videos of my child to be shared through the social media site.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>School newsletter and website:</b> I am happy for photos and videos of my child to be shared on the Nursery Newsletter and Website to show updates of what the children have been doing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>In education and training materials:</b> I give permission for photos or videos of my children to be used for educational and training material.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>On marketing material:</b> I am happy for photos and videos of my child to be used on Marketing materials such as leaflets advertising the nursery.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>For evidence of learning:</b> Photographs and videos will be shared with me via a secure app called "Evidence Me". I will receive an email advising how to use this app. Photos/videos will be stored securely and <u>will not</u> be shared outside of nursery.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Photographs and videos during school performances:</b> I understand I cannot normally take photos/videos of my child inside nursery. During school performances, I will be allowed to take photos and videos of my own child. I understand that photos or videos I take must not be shared online including on social media.</p>	I understand (tick)	<input type="checkbox"/>

Parent/carer name: \_\_\_\_\_

Parent/carer signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office use only</b>	Tick and annotate as completed before child attends nursery <i>Note if not applicable</i>
Information transferred to Arbor	
Copy of birth certificate	
Copy of court order	
Funding form completed	
Medical form completed	
Dietary requirements form completed	
In receipt of / evidence of Disability Living Allowance	
Agency documentation i.e. health care plan, child protection plan	
Funding type	
Group / session	
Named key worker	
Start Date	