We need some details about your child and family to ensure we can provide the best service possible. The information you provide to us will be regarded as confidential. We do not share information about your child with anyone without consent unless the law and our policies allow us to do so.

**Please complete all appropriate details in order for us to allocate your child a place:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Basic details:** | | | | | | | |
| **SCHOOL:** |  | | | | | | |
| **Name of Child:** |  | | | **Date of Birth:** |  | | |
| **Name of Parent /Carer:** |  | | | **Consent Signature:** |  | | |
| **Address:** |  | | | | | | |
| **Contact No** |  | | | **Email address for correspondence** | | | |
| **Emergency contact details:**  **Please provide details of two emergency contact details. It is your responsibility to ensure that these people have given permission to provide these details and are happy for us to contact them, if required .** | | | | | | | |
| **Name:** |  | | **Contact NO:** |  | | **Relationship to child:** |  |
| **Name:** |  | | **Contact NO:** |  | | **Relationship to child:** |  |
| **Medication details (including asthma pumps)** | | | | | | | |
| **Medication name:** |  | **Dosage:** | |  | **Administration method:** | |  |
| **Any known allergies:** | **Yes** | **No** | | **Details:** | | | |
| **Wheelchair user:** | **Yes** | **No** | | **Details:** | | | |
| **Please provide any further medical information you think we should know** |  | | | | | | |
| **Ethnicity and Cultural background** | | | | | | | |
| **Religion :** |  | | | | | | |
| **Ethnicity:** |  | | | | | | |

**If your child or young person is not on roll at a Nexus MAT school, additional information is required in order to safely meet the needs of your child and enable them to have a positive experience. Please complete above form and attach the following information where appropriate.**

* Pupil profile
* Positive Handling Plan
* Health care plan (detailing all personal care requirements)

**Please also include details of any personal assistant or carer who will/may be accompanying your child / young person to activity:**

|  |  |
| --- | --- |
| **NAME:** |  |
| **JOB TITLE:** |  |
| **TEL No:** |  |
| **Email to send correspondence** |  |

**It is important if you have any further information you feel the service needs to know about your child that you contact the Extended Services Coordinator (Dawn Allen) on** : 07921466868