

**COVID-19 EMERGENCY CARE**

Enrolment Form

Kidsize Club Ltd. Are opening to children of keyworkers and vulnerable children during the COVID-19 outbreak. We are running Monday-Friday 7:30am – 6:30pm.

***Please fill out this form and return to***

Kidsize Out of School Club

Kingswells Community Centre

AB15 8TG

Or email to kidsizeoosc@hotmail.com

**CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm that the information recorded in this enrolment form is correct and up to date:

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known as (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_

Siblings & Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (incl. postcode): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sessions Requested:** *Please tick required sessions and add in times required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Breakfast Club** |  |  |  |  |  |
| **After School Club** |  |  |  |  |  |

**Start Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Details**

*Please fill out this box with parents/carer’s details*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship to child  | Mobile No. | Work No. |
|  |  |  |  |
|  |  |  |  |

Other Emergency Contacts:

*Please fill out this box with details of other relevant contacts (please put a minimum of 2 contacts). Parent’s will always be contacted first before these contacts.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship to child  | Mobile No. | Work No. |
|  |  |  |  |
|  |  |  |  |

I understand that in the event that my child becomes ill or injured, every effort will be made to reach me or the emergency contacts listed above. I give my consent to act on my behalf to attain emergency care and/or treatment if believed necessary.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Child’s Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List of all known medical conditions, previous surgeries, previous/current severe injuries:**

 **Please detail any and all over-the-counter and prescription drugs taken regularly:**

|  |  |
| --- | --- |
| **Food Allergies:** |  |
| **Other Allergies:** |  |
| **Dietary Requirements:****(**In Case of Dietary requirements – please include whether these are a result of allergy, intolerance, cultural requirements or parent preference) |  |

***For staff use***

Medication Form Required:  **YES / NO**

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Action Plan Required:  **YES / NO**

If so which plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date plan created: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick the box if you consent to the following:**

Kidsize Ltd **has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. *The emergency*  *transportation service will determine the facility to which my child will be transported.*

I consent to my child being photographed/videoed at Kidsize by members of staff which may be used for promotion purposes by Kidsize.

I consent to my child being taken out-with the Kingswells Community Centre to the surrounding areas, within suitable walking distance, under supervision of the Kidsize Ltd staff.

I confirm that my child is able to go to the toilet by themselves without adult supervision and does not require assistance with toileting.

If assistance is required please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give full permission for the staff at Kidsize to change my child if/when necessary.

I give full permission for the staff at Kidsize to enter the bathroom whilst my child is inside if required.

In accordance with the GDPR 2018, I consent to my information being kept and used by the staff of Kidsize Ltd for the purposes of communication with me in relation to my child at Kidsize. My information will not be passed to any third parties and will be destroyed after the appropriate time period in accordance with Kidsize’s Retention Policy.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Kidsize Club Ltd. Parent Contract**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I consent for my child to attend Kidsize Club Ltd. I understand that the club has policies and procedures (which are available for reference at the club), and that there are expectations and obligations relating both to the club and to myself and my child, and I agree to abide by them.
* I understand that Kidsize Club Ltd is a play and childcare setting, and that whilst my child is there, Kidsize Club Ltd. is legally responsible for him/her.
* I will provide my child with a packed lunch, snack and drink whilst they attend Kidsize Club Ltd.
* Once my child arrives at Kidsize Club Ltd. he/she will be in the care of Kidsize Club Ltd. until collected and signed out by an authorised person **16 Years**+.
* I will notify the club **before** the start of the session if for any reason my child will not be attending on a day that he/she is booked to attend the club.
* It is my responsibility to keep the club manager informed of any alterations to the information regarding my child (eg contact details, medical conditions, etc).
* I accept that my child may take part in messy activities while at Kidsize Club Ltd. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
* If, due to unforeseen circumstances, I am going to be late, I will contact the manager/deputy as soon as possible.
* If I do not collect my child by **7pm**, and the club has been unable to reach me or any of my emergency contacts, I understand that Kidsize Club Ltd will follow its Enrolment Policy and Procedure and contact the Police and Social Care.
* Whilst Kidsize Club Ltd. tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child’s property whilst at the Club.
* I agree to Kidsize Club Ltd’s Behaviour Policy (included in the Parent Handbook and available at the club) and its terms and appreciate that in extreme circumstances it may be necessary to exclude my child from the club, and I will pay for any missed sessions unless otherwise agreed with the manager.
* If there are any accidents or incidents at Kidsize Club Ltd. involving my child, I will be informed.
* If my child has an accident at the club, he/she will be treated by a qualified first aider and I will be informed as soon as possible. If my child needs urgent medical treatment and I am unavailable, a member of staff from Kidsize Club Ltd will sign any consent forms necessary for treatment on my behalf, as stated on the club’s Enrolment Form.
* Information held by Kidsize Club Ltd. regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the club has a legal duty to pass certain information on to other agencies, including Police, Social Care and health care professionals.
* I understand that aggressive and abusive behaviour towards staff will not be tolerated.
* I agree that I will not use a camera, mobile phone or other mobile device on club premises.
* I understand that if my child, or any member of the household begins to experience symptoms of COVID-19 I must inform Kidsize Club Ltd. and my child my child cannot attend club until they have isolated for a period of 14 days.

I have read and understood the above terms and conditions and I agree to abide by them.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please see our KIDSIZE HANDBOOK for all other important information for our Clubs or visit our website <https://www.kidsizeltd.com/activity-clubs>

Please view our policies and procedures at <https://www.kidsizeltd.com/policies-documents>

**CONTACT INFORMATION:![th[1].png]()**

Whilst your child is in our care at Kidsize Club, if you do require to get in touch with us please find contact information below and the Kingswells Community Centre.

**KIDSIZE PHONE:** 07904094758

**MANAGER** Jenna Millar: 07446854441

**COMPANY DIRECTOR** Corinne Millar: 07462695505

*Thank you!*

*Kidsize Club Ltd.*