

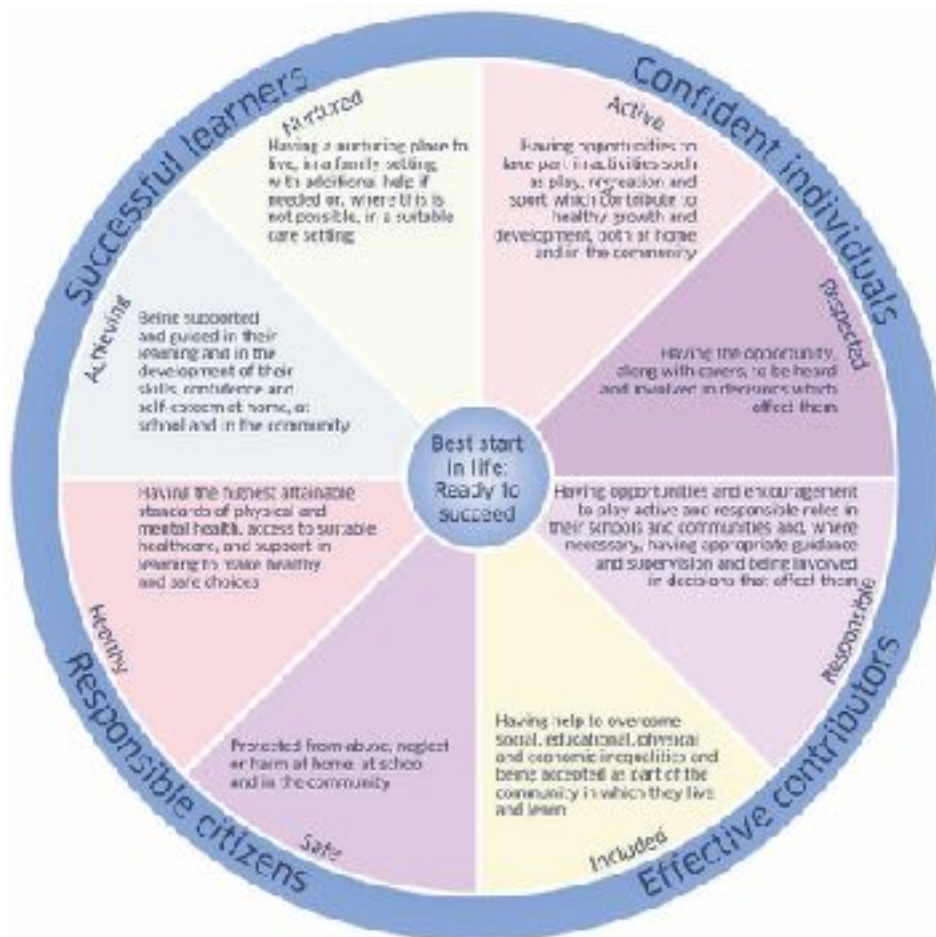
- Initial Version
- Revised Version



Profile of



Gargunnock Playgroup Session 2017/2018



| About Me | |
|--------------------------------|--------------------------|
| My Home Address | Postcode |
| My Date of Birth | |
| My Age | |
| Playgroup Start Date | |
| Gender | |
| Main Language | |
| Expected year of school entry? | |
| Expected school | |
| Playgroup sessions : | |
| Monday only | <input type="checkbox"/> |
| Thursday only | <input type="checkbox"/> |
| Monday and Thursday | <input type="checkbox"/> |
| | |
| About My Mother | |
| Mother's Name | |
| Mother's Address | Postcode |
| Main Carer | Y/N |
| Home Phone Number | |
| Work Phone Number | |
| Mobile | |
| Email | |
| Main Language | |
| | |
| About My Father | |

| Father's Name | | |
|--|-----------------------|------------|
| Father's Address | | |
| | Postcode | |
| Main Carer | Y/N | |
| Home Phone Number | | |
| Work Phone Number | | |
| Mobile | | |
| Email | | |
| Main Language | | |
| Details of any other regular carer (eg childminder, nursery) | | |
| Name | | |
| Address | | |
| | Postcode | |
| Phone Number | | |
| Mobile | | |
| Persons authorised to collect me | | |
| Name | Relationship to Child | Contact No |
| | | |
| | | |
| | | |
| Any known persons NOT permitted to collect me | | |
| Name | Relationship to Child | |
| | | |
| | | |
| | | |

Emergency Contacts

| Name | Relationship to me | Contact No |
|------|--------------------|------------|
| | | |
| | | |
| | | |

My siblings

| Name | Age |
|------|-----|
| | |
| | |
| | |
| | |
| | |

Grandparents and significant people in my family

| Name | I uses this name | |
|---------------------------|------------------|------|
| e.g. Maternal Grandmother | Jane Smith | Gran |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

My Health

| | |
|-----------|----------|
| GP Name | |
| Address | |
| | Postcode |
| Telephone | |

| | | |
|--|----------|-----|
| Health Visitor | | |
| Address | | |
| | Postcode | |
| Telephone | | |
| Known medical/care needs | | |
| | | |
| Any diagnosed conditon | | |
| | | |
| Details of any known allergies | | |
| Type of Allergy | | |
| | | |
| Signs and Symptoms | | |
| | | |
| Agreed response procedure | | |
| | | |
| I have had a 27-30 month assessment? | Y/N | |
| Other Health Professionals involved in my care | | |
| Dentist | | Tel |
| Speech and Language | | Tel |
| Educational Psychologist | | Tel |
| Social Worker | | Tel |
| Other | | Tel |

| | | |
|---|-----|--|
| | | |
| | | |
| My eating habits | | |
| Details of any specific dietary regimes | | |
| | | |
| Details of any foods/drinks I should avoid | | |
| | | |
| Toileting | | |
| I can tell an adult when I need to go to the toilet | Y/N | |
| I need help going to the toilet? | Y/N | |
| If yes please indicate | | |
| I wear a nappy? | Y/N | |
| I wear pull-ups | Y/N | |
| I need help to sit on the toilet | Y/N | |
| I need help with my clothes | Y/N | |
| | | |
| | | |
| Is there any other information which you feel would be helpful or relevant for staff to know about? | | |
| | | |

| Parental Consents | | |
|---|-------|----|
| We require parental consent for various different reasons, please read and confirm (or otherwise) your consent. | | |
| | Yes | No |
| I consent to my child being taken on routine outings from Playgroup | | |
| I consent for my child to be driven by a rota or volunteer parent when attending a Playgroup trip. | | |
| I consent to my child being photographed and the pictures used and stored appropriately for Playgroup use. | | |
| I consent to emergency medical assistance being sought if I cannot be contacted. | | |
| I consent to another disclosed parent/carer taking my child to the toilet should a Playleader be unavailable. | | |
| | | |
| The information in this plan has been prepared by and agreed with | | |
| Parent | Date | |
| | | |
| Staff | Date | |
| | | |
| This plan will be reviewed in January 2018 | | |
| | | |
| Updates and significant events | | |
| Date | Event | |
| | | |
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