



## CONFIDENTIAL RECORD, CONSENT / AGREEMENT FORM

Name of child..... Date of Birth.....

Address .....

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Name of mother / carer .....

Address..... Home no: .....

..... Work or Mobile no: .....

Name of father / carer .....

Address .....

..... Home no: .....

..... Work or Mobile no: .....

**Please supply your email address if you wish to receive news and information**

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### **Parental Responsibility**

The act emphasises the role of parents in the health and well-being of their children. It is legal, not a social status. In law mothers automatically have parental responsibility, whilst the birth father does not, unless they are married to the mother at the time of birth, or a couple marry later.

Alternatively:

Birth fathers who are not married to the mother **before** December 2003 can apply to the family court.

OR

Birth fathers who were not married to the mother **after** December 2003 can go with the birth mother to jointly register dual parental responsibility.

Childcare practitioners need to be aware of this so they can be clear about how they deal with situations where they are asking for information, sharing information, asking for consent or permission or are requested not to allow contact with a child. In order to safeguard your child, we are legally required to know who has parental responsibility. **We will therefore need to see your child's full birth certificate naming his/her parents. The certificate is headed 'Certificate copy of an entry'**. We also need to see this as evidence of your child's date of birth to apply for any government funding.

Birth certificate seen by ..... Date.....

Birth Certificate No (this will be three letters followed by six numbers) .....

Parental responsibility held by .....

Are there any court orders establishing parental responsibility? Yes/No  
If yes, please give details and provide copies of court documents:

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Name of Person(s) who will normally collect child other than those with parental responsibility (continue overleaf if needed):

1) Name: .....  
Address:..... Home No: .....  
..... Mobile No: .....

2) Name: .....  
Address:..... Home No: .....  
..... Mobile No: .....

3) Name: .....  
Address:..... Home No: .....  
..... Mobile No: .....

**PASSWORD** .....

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Name of child's G.P..... Tel No .....

Address .....

Date of last Anti-Tetanus.....

Infant Immunisation completed ? YES / NO

Name of Health Visitor.....

Has the family had any involvement with Social Care Services? NO / YES (if yes please give details below)

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If child has a medical emergency while they are at the setting, do you give permission for **Emergency** advice and treatment ? YES / NO

Emergency Contact Name & Number:.....

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Does your child have any dietary needs, additional needs or medical conditions that we should be aware of? YES / NO

If Yes, please list below:

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Can we use plasters on your child ? YES / NO

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Can photos be taken of your child to be used on display at the setting? YES / NO

Can photos be used in publicity or promotional displays? YES / NO

Can other parents take photos of your child during birthdays/fun days? YES / NO

Can a professional photographer take a class sitting/individual sitting of your child within the setting (date to be notified in advance)? YES / NO

**PLAYGROUP CHILDREN ONLY** - We take photos to put in children's Learning Journeys. Inevitably, other children can be in the background. Can a photo such as this, which may include your child, be placed in another child's Learning Journey?  
YES / NO

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**PLAYGROUP CHILDREN ONLY** - Do you give permission for your child's Learning Journey and other educational records to be shared with other joint care / educational settings relevant to your child?

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Occasionally we take children on walks around the village or walk to the local amenities. Do you give permission for your child to participate in these visits?  
YES / NO

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In the summer months we ask you to supply sun cream for your child. Do you give permission for the setting staff to assist in applying sun cream to your child if necessary? YES / NO

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**I / We have read and understood the policies and procedures at Holbrook Pre-School Playgroup & The Cabin Club and accept that this setting will run in accordance with these.**

**I/We understand that we can have access to these Policies at any time.**

Signed ..... Date.....

Name: (please print).....

**This must be signed by the person with parental responsibility.**