



Wrap Around Care

Please complete this form and return to the main school office.

Name Of Child:		D.O.B:		Class:	
Name(s) of Parent(s)/Carer(s) & Relationship to child.					
Address of Parent(s)/Carer(s):					
Telephone number(s):					

Emergency Contact & Collection Details

These contact numbers will be used in case of an emergency and when parent/carer numbers are not answered. No child will be released from our care if staff members are not informed of parental wishes of the persons collecting your child.

Please enter details of ALL people who have permission to collect your child

Contact Name:	Relationship to child:	Telephone Number(s):

Password

Please provide a password for use should you need to change arrangements in an emergency. It is important this password is only known to the people you wish to collect your child.

Medical & Dietary Information

(Please give a brief description of any medical condition your child has, for example – asthma, allergies, and other medical conditions)	
<p>My child has NO medical conditions or health concerns</p> <p>By ticking the relevant box, I understand that it is my responsibility to inform the school in writing of any changes to the health/medical conditions regarding my child that the school should be aware of.</p>	<p>Sign here</p>
(Please give details of any special dietary requirements or food allergies your child has)	
<p>My child has NO dietary requirements or food allergies</p> <p>By ticking the relevant box, I understand that it is my responsibility to inform school in writing of any changes to the dietary requirements/allergies of my child that school should be aware of.</p>	<p>Sign here</p>

First Aid

In the event of an emergency I give my consent for my child to be given medical/first aid treatment and/or to be taken to hospital.			
Signed:		Date:	

Changing information & Personal Care

<p>Please give details of any support your child is likely to need with personal care/nappy changing etc.</p> <p>(Please provide any nappies, wipes or changes of clothing your child will need)</p>			
I give permission for my child to be changed if necessary due to accidents, dirty/wet from outdoor play etc.			
Signed:		Date:	