



Oasis Children's Venture  
33 Priory Grove, Stockwell, London SW8 2PD  
Phone: 020 7622 8756 Email: info@oasisplay.org.uk  
Registered Charity No. 1019626

## CHILD RECORD FORM

### Confidential

Local User                       Inclusion Project User                      Start date     /     /

(Please ask a member of staff if you are not sure which category to select for your child)

Please fill out a separate form for each child you would like to register at Oasis. If any information you give us changes, please make sure you let us know quickly so we can update our records. Please write clearly.

Child's Name .....  Male      Female

Preferred Name ..... Date of Birth     /     /

Parent(s)/Guardian(s) Name(s) .....

.....

Relationship to child .....

Address .....

.....

Postcode .....

Tel. Home ..... Tel. Mobile .....

Tel. Work ..... Email .....

Language spoken at home ..... Religion (if practised).....

Please tell us who is allowed to collect your child from the playground. **We will not allow your child to leave with anyone else unless you have specifically arranged this in advance. Anyone collecting your child must be over 18 years old.**

Name ..... Tel. ....

Relationship to child ..... Over 18  (please tick the box)

### Emergency Contact

It is **very** important that we have an emergency contact for your child in case we are not able to contact you immediately in an emergency. This is vital to ensure your child's safety while they are in our care.

Name ..... Relationship to child .....

Tel . ..... Tel. Mobile .....

## About Your Child

What does your child particularly enjoy doing? .....

.....

Is there anything that frightens your child? .....

.....

Does your child have any allergies?  **Yes**  **No**

If **Yes** please give brief details here and then fill out the **Allergy Information** section on **p. 4**

.....

Does your child follow a special diet?  **Yes**  **No**

If **Yes** please give full details .....

.....

Is there any food your child **must not eat**?  **Yes**  **No**

If **Yes** please give full details .....

.....

Does your child have a disability?  **Yes**  **No**

If **Yes** please give full details .....

.....

Does your child need help with eating?  **Yes**  **No**

If **Yes** please give full details .....

.....

Does your child need help using the toilet?  **Yes**  **No**

If **Yes** please give full details .....

.....

Does your child have other additional needs?  **Yes**  **No**

If **Yes** please give full details .....

.....

**Medical Information**

Does your child have any medical conditions?  **Yes**  **No**

If you answered **Yes** and your child has a specific medical condition (for example epilepsy), please give as much detail in this section as possible. If not, please feel free to skip to the next section on p. 4

What type of medical condition does your child have? .....  
.....  
.....

Are there any triggers or causes you know of? .....  
.....  
.....

What are the signs and symptoms? .....  
.....  
.....

How severe is this condition?  **Serious**  **Moderate**  **Mild**

Is medication or medical assistance required?  **Yes**  **No**

If **Yes**, please state what kind .....  
.....  
.....

Prescribed Medication .....

Required Dosage .....

At what time during the day? .....

Is there any additional information that we need to know about your child’s medical condition?  
.....  
.....

## Allergy Information

Does your child have any allergies?

**Yes**

**No**

If you answered **Yes** and your child has a specific allergy (for example a nut allergy), please give as much detail in this section as possible. If not, please feel free to skip to the next section on p. 5

What type of allergy does your child have? .....

.....

.....

What are the signs and symptoms? .....

.....

.....

How severe is this allergy?

**Serious**

**Moderate**

**Mild**

Is medication or medical assistance required?

**Yes**

**No**

If **Yes**, please state what kind .....

.....

.....

Prescribed Medication .....

Required Dosage .....

At what time during the day? .....

Does your child have a care plan for this allergy?

**Yes**

**No**

If **Yes** please provide us with a copy for our records.

Is your child allergic to penicillin?

**Yes**

**No**

Is there any additional information that we need to know about your child's allergy?

.....

.....

.....

## Medical Consent Information

Please read the following section carefully . It needs to be filled out fully before your child can attend the playground. If you have questions or concerns about any of the information requested please ask a member of staff to help you.

**Please note: section 1 and 2 must be signed by all parents/carers whether or not your child has any specific medical or allergy requirements.**

1) I understand that if my child has a fever, an infectious or contagious illness, or is distressed because of a non-infectious illness, they cannot attend Oasis sites until they have fully recovered. In the event of my child falling ill whilst at an Oasis project, I agree that I, or my emergency contact person, will collect them without delay when requested to do so by Oasis staff.

Signed .....

Date    /    /

2) I hereby authorise Oasis staff on my behalf to obtain medical advice for my child in an emergency, and if necessary to give to consent for emergency medical treatment for my child if I cannot be contacted in time.

Signed .....

Date    /    /

3) I hereby authorise Oasis staff on my behalf to administer the medication and dosage detailed as stated above.

Signed .....

Date    /    /

Is there anything else you think it would be useful for us to know about your child?

Please give details .....

.....

.....

**Additional Contact Details**

Doctor's name .....

Address .....

.....

Postcode .....

Tel. .... Email .....

Name of School/College/Centre .....

Address .....

.....

Postcode .....

Tel. .... Email .....

If your child has a social worker, please fill out the following:

Social Worker's Name .....

Address .....

.....

Postcode .....

Tel. .... Email .....

Social Work Team ..... Borough .....

## General Consent Information

### • Short Trips

Do you give permission for your child to leave the Oasis sites in the care of staff for short local trips (for example to go to the shops or the park)?

Yes

No

Signed .....

Date / /

### • Photography & Video

Having colourful pictures and video of our children enjoying themselves at Oasis helps us create a welcoming atmosphere for new children as well as aiding our efforts to promote our services within the wider community.

I consent for my child to have their picture taken at the playground and for the photographs to be used for the following purposes (Please tick as appropriate):

Internal Oasis use (displays or presentations for example)  Photo  Video

Oasis fundraising use  Photo  Video

Use on the Oasis website  Photo  Video

Promoting Oasis in newspapers and magazines  Photo  Video

If you do not want to give your consent to **any** photography/video please tick the boxes below

I **do not** consent to my child being photographed under any circumstances

I **do not** consent to my child being filmed under any circumstances

Signed .....

Date / /

## Ethnic Background

Please tell us how you would describe your child's ethnic background by ticking one of the boxes below. This helps us with our monitoring and funding applications. If you would rather not say, please tick the box at the bottom of the page.

### Black

- African       Black British       Caribbean       Other

### White

- British       Irish       Polish       Portuguese       Other

### Mixed Race

- White/African       White/Caribbean       White/Asian       Other

### Asian

- Indian       Pakistani       Bangladeshi       Other

**Other ethnic group** (please state) .....

**I would prefer not to say**

Thank you very much for taking the time to fill out this form. We look forward to providing a quality inclusive play environment for your child. If you have any questions about this form or anything we do, please feel free to ask a member of Oasis staff.

All our services are fully inclusive and are offered to local children on an open access basis. This means children are not restricted in their movements, other than where related to safety matters and are not prevented from coming and going as and when they wish. We recommend all children under eight years are collected from the site by a responsible adult.

This document will be kept on file at the Oasis office. Details from this document will also go into our database and will be strictly for Oasis use only. We are committed to ensuring that your information is secure. In order to prevent unauthorised access or disclosure, we have put in place suitable physical, electronic and managerial procedures to safeguard and secure the information we collect. All information is stored securely and confidentially in accordance with Data Protection Act, 1998.



**Please keep this page for your own records**

**Oasis Children's Venture Office**

Director Joanne Brown  
33 Priory Grove, Stockwell, London SW8 2PDs  
T: 020 7622 8756 E: [info@oasisplay.org.uk](mailto:info@oasisplay.org.uk)

**Oasis Adventure Playground**

Manager Sylvie Leithgoe  
21-60 Priory Grove, Stockwell, London SW8 2PD  
T: 020 7627 3793 E: [adventure@oasisplay.org.uk](mailto:adventure@oasisplay.org.uk)  
Age range 6–18

**Oasis Inclusion Project**

Manager Matthew Pountney  
21-60 Priory Grove, Stockwell, London SW8 2PD  
T: 020 7627 3793 E: [inclusion@oasisplay.org.uk](mailto:inclusion@oasisplay.org.uk)  
Age range 5-18

**Oasis Kart Track**

Manager Malcolm Brebner  
30-32 Priory Grove, Stockwell, London SW8 2PD  
T: 020 7720 6939 E: [karting@oasisplay.org.uk](mailto:karting@oasisplay.org.uk)  
Age range 8-18

**Oasis Nature Garden**

Manager Harriet Fink  
Corner of Larkhall Lane and Studley Road, London SW4  
T: 020 7498 2329 E: [naturegarden@oasisplay.org.uk](mailto:naturegarden@oasisplay.org.uk)  
Age range: 5-18

Visit [www.oasisplay.org.uk](http://www.oasisplay.org.uk) for more information