



Child Record Form

Please complete a separate form for each child/young person you are registering.

Adventure Playground

Inclusion Project

Nature Garden

Kart Track

Camel Club/After School Club

Bolton Crescent Adventure

Girl's Night

(Please circle all projects your child attends)

Essential Information

Child's Details

Child/ young person's name: Date of birth:

Preferred Name: Gender: Male Female *(please feel free to leave this blank as we recognise this is not straight forward for everyone and we want all our site to be inclusive, safe and enjoyable for all)*

Child/young person's Address:

..... Post code:

Language spoken at home:

Parent/ carer/ guardians details (first person to be contacted relating to child)

Name: Relationship to child:

Contact number: Email address:

I would like to be emailed about special events and given updates on services at Oasis: **Yes / No** (please circle)

Emergency contact

Please identify a person other than yourselves who we can contact in an emergency having not been able to contact you.

Name: Relationship to child:

Contact number:

Additional pick up

Please identify a person other than yourselves who can collect your child from oasis at the end of sessions in your absence

Name: Relationship to child:

Contact number:

General information

(Please circle as appropriate)

- 1) Does your child/young person have any particular fears? **Yes / No / don't know**
- 2) Does your child/ young person child have allergies including food allergies/ hay fever? **Yes / No / don't know**
- 3) Does your child/ young person follow a special diet? **Yes / No / don't know**
- 4) Are there any food your child/ young person must not eat? **Yes / No / don't know**
- 5) Does your child child/ young person have a disability? **Yes / No / don't know**
- 6) Does your child child/ young person need additional support with any aspect of day to day life i.e. Eating, personal care etc? **Yes / No / don't know**

If you have answered **yes** to any of the above please give details here including support required, severity of condition, care plan needs:

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Medical Information

(Please circle as appropriate)

- 1) Does your child child/ young person have a medical condition (i.e. migraines, diabetes, epilepsy, asthma)? **Yes / No / don't know**
- 2) Is medical assistance required, including the administration of prescription and non-prescription medication? **Yes / No / don't know**
- 3) Is your child/ young person allergic to penicillin? **Yes / No / don't know**

If you have answered **yes** to any of the above please give details here including support required, severity of condition, care plan needs:

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Additional information

School/ college/ centre attended by child/ young person:

Address:

..... Postcode:

Telephone number: Email address:

GP surgery/medical centre:

Address:

..... Postcode:

Telephone number: Email address:

Is your child known to social services? **Yes / No / don't know**

If **yes**, which team: Name of allocated worker:

Address:

..... Postcode:

Telephone number: Email address:

Equality Monitoring

(Please circle/complete as appropriate)

Ethnic background

- 1) **Black** British African Caribbean Other
- 2) **Asian** British Indian Pakistani Bangladeshi Chinese Other
- 3) **White** British Irish Polish Portuguese Other
- 4) **Mixed race**
- 5) **Other:**
- 6) **Prefer not to say**

- 7) **Religion** (if practiced):

Parental/Guardian Consent

Please read the following section carefully. All of the sections below need to be fully completed before your child/ young person can attend any of the Oasis sites.

Medical

As the parent/ guardian of (child's name)

- 1) I understand if my child/ young person is ill, whether it be infectious or not, they cannot attend Oasis until they have recovered. In the event of my child falling ill whilst at Oasis I agree that I or my emergency contact will collect the child/ young person without delay when requested to do so.
- 2) I give consent for Oasis staff to obtain medical advice or seek medical treatment for my child/ young person if I am not contactable.
- 3) I authorise Oasis staff to administer medication to my child/ young person in accordance with up to date dosage information.

Please tick here to indicate agreement and consent for the statements above

Photography and Videos

Across all Oasis projects we regularly photograph sessions and events and make videos with the children/young people to highlight our work. These are used for fundraising, reporting and generally promoting our work both online and in print, as well as for internal display.

Please tick here to indicate agreement and consent for your child/young person to appear in these photographs and videos

Access and Behaviour

- 1) I give permission for my child/ young person to leave the Oasis in the care of staff for short local trip (to local shops, park etc.)

Please tick here to indicate agreement and consent for the statement above

I understand:

- 2) That Oasis operates open access sites and that this means my child/ young person will be allowed to come and go from the site unless there is a safety reason to prevent this.
- 3) That as places are allocated on a first come first serve basis my child/ young person may not be allowed on site when the project is full.
- 4) Should my child/ young person's behaviour present a problem to the safety and welfare of themselves or others Oasis may require them to be collected and retains the right to refuse admittance for an agreed number of sessions.

Please tick here to indicate agreement and consent for the statements above

SIGNED: **PRINT NAME:** **DATE:**

For Office Use Only

This section is to be completed by Oasis Play staff only

Form accepted by (staff member):

Date:

Form checklist

| | |
|---------------------------------|--------------------------|
| Essential information complete | <input type="checkbox"/> |
| General information complete | <input type="checkbox"/> |
| Medical information complete | <input type="checkbox"/> |
| Additional information complete | <input type="checkbox"/> |
| Equality monitoring complete | <input type="checkbox"/> |
| Consents complete | <input type="checkbox"/> |

Signed:

(Where it has not been possible to check the form at point of acceptance i.e. during busy sign in times, it is the responsibility of the member of staff named here to obtain the information at a quieter time)

Inputted on database

By: Signed:

Date:

33 priory grove
Stockwell
Sw8 2pd
02076228756
Reg no 1019626



(This page has been left blank on purpose)

- Please keep this page for your own records –

Oasis Play Office

Director – info@oasisplay.org.uk

T: 020 7622 8756

33 Priory Grove, Stockwell, SW8 2PD 2PD

Adventure Playground

Manager - adventure@oasisplay.org.uk

T: 020 7627 3793

21-60 Priory Grove, Stockwell, SW8 2PD

(Age range 6-18 years)

Kart Track (*Right Track Project*)

Manager - karting@oasisplay.org.uk

T: 020 7720 6939

30-32 Priory Grove, Stockwell, SW8 2PD

(Age range 8-18 years)

Nature Garden

Manager - naturegarden@oasisplay.org.uk

T: 020 7498 2329

Corner of Larkhall Lane and Studely road London SW4 6SP

(Age range 5-18 years, under 5's must be accompanied by an adult)

Bolton Crescent Adventure Playground

Manager theo@oasisplay.org.uk

T: 020 7820 0527

64 Bolton Crescent

London SE5 0 SE

(Age range 6-18 years)