



## Child & Young Person Registration Form

BOSP will use the information you provide on this form to deliver the services and support you ask for, to contact you in relation to your bookings, to protect the welfare of the child or young person you have parental responsibility for, and to comply with legal obligations.

Name of child or young person:		Date of birth:	
Essex Shortbreaks Passport ID Number:		Gender:	

### PARENTAL DETAILS

Name of Parent(s)/Carer(s) with whom the child/young person lives:			
1.  2.			
Does Parent/Carer 1 have parental responsibility?		Yes/No:	
Does Parent/Carer 2 have parental responsibility?		Yes/No:	
Address and Postcode:			
Telephone:		Mobile:	
Emergency contact details:			
Email:			

Name of Parent(s) with whom the child/young person does not live:			
Does this Parent(s) have parental responsibility?		Yes/No:	
Address and Postcode:			
Telephone:		Mobile:	
Emergency contact details:			
Email:			
Does this Parent have legal access to the child/young person?		Yes/No:	

<b>EMERGENCY CONTACT NUMBERS</b>			
<b>YOU ARE REQUIRED TO COMPLETE TWO CONTACTS TO COMPLY WITH SAFEGUARDING REGULATIONS</b>			
<b>Contact 1</b> Name:		Relationship to child/young person:	
Work/daytime contact number:		Mobile:	
<b>Contact 2</b> Name:		Relationship to child/young person:	
Work/daytime contact number:		Mobile:	
<b>PERSONS AUTHORISED TO COLLECT THE CHILD/YOUNG PERSON (MUST BE OVER 16 YEARS OF AGE)</b>			
In order for the child/young person to be collected by someone other than the parent, a password must be used to verify permission and photographic ID must be shown. Please choose a memorable word. Do not share this word with anyone other than the people named below:		Password:	
Name:		Relationship to child/young person:	
Telephone:		Mobile:	
Name:		Relationship to child/young person:	
Telephone:		Mobile:	
<b>PLEASE NOTE: A Parent or Emergency Contact MUST be contactable while your child or young person is at a BOSP Session. If an incident/emergency situation should occur and no one can be contacted, BOSP will contact Social Services.</b>			
<b>HEALTH INFORMATION</b>			
In order for BOSP to care effectively for the health of the child or young person you have parental responsibility for, we need as much information about their health as possible.			
Autism	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	Down syndrome	<input type="checkbox"/>
Speech & Language Difficulties	<input type="checkbox"/>	Asperger syndrome	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Awaiting/No Diagnosis	<input type="checkbox"/>	Learning difficulties (MLD)	<input type="checkbox"/>
			Physical Disability <input type="checkbox"/>
			Visual Impairment <input type="checkbox"/>
			Rare condition <input type="checkbox"/>
			Behavioural difficulties <input type="checkbox"/>
			Cerebral palsy <input type="checkbox"/>
			Learning difficulties (SLD) <input type="checkbox"/>
Other (Please give details)			
GP's name:		Telephone:	
Address and Postcode:			
Paediatrician:		Telephone:	
Based at:			

Does your child have a DNACPR in place? (Do Not Attempt Cardiopulmonary Resuscitation)
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**Please remember to keep BOSP informed of any changes to any medication being taken**

Medication:	
Allergies:	
Nature of reaction:	
<p>What to do in the case of allergic reaction, any medication used and how it is to be used (e.g. Epipen):  <i>BOSP workers are unable to administer Adrenaline (e.g. Epipen) unless 1:1 training has been provided by Provide Specialist Healthcare Tasks Team and a Care Plan is in place. If your child or young person has a reaction and the above is not in place, an ambulance will be called and the following information will be given to the paramedics:</i></p>	

**PROFESSIONALS INVOLVED WITH THE CHILD**

Does your family have a social care worker?	Yes/No:	
Do you give BOSP permission to speak to your social worker?	Yes/No:	
Name:		
Based at:		
Telephone:		Email address:
<p><b>CONSENT TO CONTACT SCHOOL OR COLLEGE:</b> <input type="checkbox"/> BOSP would like to contact your school/college to obtain information which may help us to support the child or young person, you have parental responsibility for, at our sessions. Please tick here to confirm you give permission to BOSP to contact your school/college.</p>		
Name of school or college:		
Contact name:		Contact Number:
Any other information:		

**ANY OTHER PROFESSIONALS INVOLVED WITH THE CHILD**

Name 1:		Role:	
Agency:		Telephone:	
Name 2:		Role:	
Agency:		Telephone:	

PERMISSION STATEMENTS				
I give permission for (name)	to go/have (please tick below)			
Swimming	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Face paints	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sun block	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Plasters	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I give permission for BOSP Staff to seek emergency medical advice or treatment:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I authorise BOSP Staff to sign any forms of consent required by the Hospital Authority if the delay in getting my signature is considered by the Doctor to put my child's/young person's Health and Safety at risk:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
My child/young person is in receipt of DLA/PIP:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
My child/young person is in receipt of Direct Payments:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/> BOSP would like to send you newsletters and fundraising emails, so that you can be first to know of any news about our services, events and activities, how your support makes a difference, as well as ways you can get involved and help fund our work. We will utilise e-mailing platforms such as Mailchimp to safely and securely deliver newsletters/e-bulletins to you. We will keep your information safe and never share it with anyone without your permission. Please tick here to confirm you would like to receive this information via email. Our privacy notice can be found at <a href="http://www.bosp.co.uk">www.bosp.co.uk</a> and explains how we will use and store your information.				
<input type="checkbox"/> I have read and understood BOSP's Terms and Conditions (please tick here to confirm).				
<b>DISCLAIMER: The information that I have provided is complete and accurate and I will notify BOSP of any changes immediately, in writing as and when they occur. I/we agree to information about myself and the child/young person I have parental responsibility for being used in the way described.</b>				
Parent/Carer's name:				
Parent/Carer's signature:				Date:

#### DATA PROTECTION

Any information provided within this form will be seen and used by authorised BOSP Staff and Support Workers to provide services and support to the child or young person you have responsibility for. All data is held securely and in compliance with the Data Protection Act 2018, which includes the General Data Protection Regulation and associated legislation. For further information about how, why, and when we obtain and use your personal information, and how we keep it safe and secure please view our privacy notice at [www.bosp.co.uk](http://www.bosp.co.uk)