

MEMBER

MEMBER'S SURNAME:

FIRST NAME:

MIDDLE NAME:

DATE OF BIRTH:

NAME OF SCHOOL:

PARENTS/CARERS

SURNAME:

FIRST NAME:

RELATIONSHIP:

ADDRESS (address that you wish correspondence to be sent to)

HOME PHONE NUMBER:

POST CODE:

MOBILE PHONE NUMBER:

EMERGENCY CONTACT DETAILS

NAME:

HOME PHONE NUMBER:

RELATIONSHIP:

MOBILE PHONE NUMBER:

SOCIAL WORKER

NAME:

TELEPHONE NUMBER:

MEDICAL INFORMATION

DOCTOR'S NAME:

ADDRESS:

TELEPHONE NUMBER:

MEDICAL CONDITION:

SPECIAL NEEDS (please see note 1):

MEDICATION:

ALLERGIES:

If attending hospital as an outpatient

CONSULTANT'S NAME

MEDIC ALERT: YES/NO

HOSPITAL NAME:

SIGNED _____ PARENT/GUARDIAN

DATE _____

PERMISSION FOR MEDICAL TREATMENT

I hereby give permission for my child to have their medication administered by your nurse.

DETAILS OF MEDICATION:

I WILL SEND MEDICATION FOR YOU TO KEEP/ I WILL SEND MEDICATION DAILY (Please delete where applicable)

I also give permission for any medical treatment to be given to my child in an emergency should this be required

SIGNED _____ PARENT/GUARDIAN

DATE _____

OTHER NOTES (please see Note 2)

LIKES:

DISLIKES:

- Permission to attend activities arranged by ASP YES/NO
- Permission to swim YES/NO
- Permission to use bouncy castle YES/NO
- Permission to have face painted YES/NO
- Permission to have photograph taken YES/NO
- Permission for ASP to use photograph for confidential file use only YES/NO
- Permission for ASP to use photograph for ASP office use only YES/NO
- Permission for ASP to use photograph at ASP venues only – Glebelands, Lancing Youth Club, etc. YES/NO
- Permission for ASP to use photograph at other venues such as exhibitions, etc. YES/NO

SIGNED _____ PARENT/GUARDIAN

DATE _____



Note 1

Will your young person require assistance with eating and drinking? Will your young person require assistance with personal care? If communication is a problem, do they use Makaton? Please give as much information as you can to help us meet their needs.

Note 2

Please give as much information as you can on any activities your young person likes or any activities that they particularly dislike as well as any fears they may have, e.g. fear of the dark, fear of loud noises; this will enable us to assess certain situations and decide whether to avoid them.

Note 3

Please supply recent photographs of your young person. It is a Regulation of Ofsted that we keep a photographic record of each member and we would be grateful if you could supply us with at least 3 recent photographs for confidential and medical file use.