

Boundless Care Information and Risk Assessment Form

Participant's details:

- 1) Child's Name:
- 2) Date of Birth:
- 3) Home address:
- 4) Telephone number:
- 5) E-mail:
- 6) Name of School
- 7) Is your child eligible for SBLO? (Yes/ No)
- 8) If yes, would you like to access Boundless Care Clubs through SBLO?

Parents/ Guardian details:

- 9) Name [(First Name) (Second Name)]:
- 10) Relationship to child:
- 11) Home address (if different):
- 12) Telephone number:
- 13) Mobile number:
- 14) E-mail:

Emergency contact details:

- 15) Name:
- 16) Relationship to child:
- 17) Telephone number/Mobile number:

Medical details:

- 18) Child's GP.'s name:

19) GP Address:

20) Telephone number:

21) What is your child's diagnosis? Please give details of all medical conditions/difficulty/disability.

22) Tell us how this/ these condition(s) impacts your child and their needs?

23) Does your child take any prescribed medication? Please tell us if and how this may affect your child's health or behaviour. We will use this information to understand and support your child needs during the club.

24) Does your child have Epilepsy? If yes, please give details.

25) Does your child have any allergy/ies? If yes, please give details.

26) Tell us in detail about your child's preferred way of communication?

27) Is there any other relevant information (for example, dietary needs, child's fears, anxieties, needs related to your child's development or social circumstances) which you as a parent/guardian would like to share?

28) Does your child have any behavioural triggers or potential risks or safety issues that Boundless staff should be informed about? If yes, please answer the questions below.

1
2
3

In which situations does the risk occur?

How often has it happened before?

Please tell us about any de-escalation strategies for your child.

Declaration

1. I agree to my child take part in the saturday and/ or holiday club activities .
2. **(PLEASE STRIKE OUT AS APPLICABLE)** I agree/do not agree to my child being photographed or videoed during activities for promotional use e.g. on our website, Facebook page, or newsletter.
3. I agree for my child's name and personal details being kept on the organisation's database for monitoring and contact purposes.
4. In the event of an emergency, I consent to any medical treatment that my child may need prior to my arrival.

Signature

Print name

Date

Important **Information for Parents and Guardians**

Boundless Care aims to provide a safe and enjoyable experience for the participants.

To help Boundless Care in providing a quality service please note the following important information:

- All questions on the Referral and Information Form must be completed and signed by a parent/guardian.
- Parents/guardians must ensure that any changes to the information given on the form are notified to Boundless Care as soon as possible.
- Parents /guardians must ensure that they make their own arrangements for children arriving and leaving the session on time.
- Boundless Care cannot take responsibility for any damaged clothing or personal belongings such as mobile phones or other valuables.
- Boundless Care staff will not be able to provide your child with personal care or accompany them inside the toilet facilities. However they will be able to support them and remind them.
- We have staff who are Paediatric First Aid trained and will be able to assist in any emergency medical situations.

Please email this file to contactus@boundlesscare.co.uk.