

The Oak Foundation

Children's Details Form

Name of child:DOB:

Address:

Home Tel: Mobile:

Email:

Parent's Name:

Contacts, in case of emergency

Name: Tel no :

Relationship to child:

Address:

Name of GP: Tel no :

School: Tel no:

Address:

Caring for your child

Child's Disability, Day to day care needs and supervision needs.

Is your child taking any medication?

Name of medication..... Dosage.....

When Given..... How Given.....

Does your child have Epilepsy? YES NO

If Yes, please give details of you deal with your child during and after a seizure.

Does your child has any allergies? YES NO

If yes, please give details.

Has your child had anti-tetanus injection in last three years? YES NO

Eating and drinking

Does your child have special dietary requirement? YES NO

If yes, please give details.

What food your child likes or dislikes.

Washing

Can your child wash her/himself?

If your child has no verbal communication, then how do you know she/he needs to go to toilet?

If your child has any behaviour difficulties, please give details of what these are and how you respond to them.

Parent/Guardian signature..... Date

Print name

Completed by

