



SUMMER HOLIDAY PROVISION ESSENTIAL INFORMATION FORM

SSG are running a Summer Holiday provision for children aged between 5 and 17 years old in conjunction with Bedford Borough Council to support families as a response to the current COVID-19 virus.

Mandatory COVID-19 Booking Question

1. Please can you confirm that the child(ren) or anybody in the household are not demonstrating any symptoms linked to COVID-19 at the current time or within the last 14 days? YES / NO

CHILD'S INFORMATION: (This can be completed for up to 2 children per family)

Child's Full Name		Date of Birth & Age	
Home Address			
School(s)			

PARENT / CARER INFORMATION:

Name of Parent / Carer		Relationship to Child	
Home Address (if different add or leave blank if the same)			
Telephone Number		Additional Number (if applicable)	
Email Address			

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Email Address			

PARENTAL RESPONSIBILITY:

Who has parental responsibility for the child(ren)?	
Any other person who has legal responsibility?	YES / NO (if YES, please provide details below)

ADDITIONAL EMERGENCY CONTACT (IF UNABLE TO SPEAK WITH PARENTS/CARERS):

Name of Additional Contact		Relationship to Child	
Telephone Number		Additional Number (if applicable)	

DOCTOR'S INFORMATION:

Name of Family Doctor		Telephone Number	
Doctor's Surgery & Address			

CONTACT DETAILS (INCLUDING PARENTS) OF THOSE AUTHORISED TO COLLECT CHILDREN

Please provide the names (over the age of 18) who are permitted to pick up your children (please include parents/main carers as well):

1. Name		Telephone Number	
Relationship to child			
2. Name		Telephone Number	
Relationship to child			
3. Name		Telephone Number	
Relationship to child			
4. Name		Telephone Number	
Relationship to child			

PASSWORD In the event of someone else coming to collect your children, please provide below a password that you will give this person as proof of your permission:

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*These individuals must know the agreed password if required.

ADDITIONAL INFORMATION: (child 1)

Child's Name	
Child's Nationality	
What language(s) are spoken at home?	
Any cultural or religious observances that should be taken into account when caring for your child (e.g. diet, dress):	
YES / NO (if YES, please provide details)	

Does your child have any special dietary requirements or allergies? (e.g. nuts, plasters, bee stings)	YES / NO (if YES, please provide as much details as possible below)
Do they take any medication for a condition as prescribed by a doctor?	YES / NO (if YES, please provide as much details as possible below)
Will SSG have to administer any medication to your child whilst in our care?	YES / NO (if YES, you will be required to complete a separate medication form)
Do they have any physical barriers to access activities? (either long term or short-term conditions)	YES / NO (if YES, please provide as much details as possible below)
Has your child been formally diagnosed with any special educational needs or disabilities?	YES / NO (if YES, please provide as much details as possible below)
Does your child receive any additional support whilst at school?	YES / NO (if YES, please provide as much details as possible below)

Is your child confident around adults and other children that they do not know?	YES / NO (if No, please provide as much details as possible below)
Are they prone to behavior outbursts if they are frustrated or do not understand a task?	YES / NO (if YES, please provide guidance on how this would be handled at home)
Is there any other information that you feel we would need to know about your child?	YES / NO (if YES, please provide as much details as possible below)

PERMISSIONS

*Please initial Yes or No options and enter the date.

Should any urgent matter of concern arise, I give permission for SSG to seek any necessary emergency medical advice or treatment for my child named on this form		
Yes []	No []	Date:
I give permission for my child (named above) to have his/her face painted		
Yes []	No []	Date:
I give permission for SSG staff to apply sunscreen supplied by me to my child (named above)		
Yes []	No []	Date:
I give permission for photos to be taken of my child (named above) for promotional and marketing materials (including social media)		
Yes []	No []	Date:

I can confirm that all information provided is accurate as at time of booking, and if my child(ren) health changes prior to the start of the provision, I will update SSG accordingly.

SIGNED		DATE	
PRINT NAME			

For Office Use Only:

	Initials	Date
Form completed correctly & all information present		
Form sent through to Operations to action as appropriate		

ADDITIONAL INFORMATION: (child 2)

Child's Name	
Child's Nationality	
What language(s) are spoken at home?	
Any cultural or religious observances that should be taken into account when caring for your child (e.g. diet, dress):	
YES / NO (if YES, please provide details)	

Does your child have any special dietary requirements or allergies? (e.g. nuts, plasters, bee stings)	YES / NO (if YES, please provide as much details as possible below)
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