  

 **Basic information details**

Child’s Surname: ……………………………. Child’s Forename: …………………………... Gender (Male/female)

Parents name: ……………………………….. Date of Birth:………………………………

Address: …………………………………………………………………………………………………………………………………………………………

Telephone number: ……………………………………………... Mobile number:…………………………………………………….…..

Email:………………………………………………………………………………………………………………………………………………………….….

Emergency Contact Telephone Number and Name: ……………………………………………………………………………….……

Relationship to the child:………………………………………….……………………………………………………………………………….……

Medical Conditions:………………………………………………….……………………………………………………………………………….……

Medication: …………………………………….………………………………………………………………………………………………………….…

Allergies (food or sensory/materials eg latex …………………………………………………………………………………………………

School attending: …………………………………………………………………………………………………………………………………………..

Diagnosis of sibling identified with special/additional need: ………….………………………………………………………….…

Age of sibling: …………………………………….…

Are both children, (sibling and child with additional needs) aware of the condition and happy for this to be discussed? ……………..…………………………..

I consent to my son/daughter (name) ……………………………………………….…….having their photograph taken (this will not appear on any websites) Signature ………………………………….………………..date ……………………….…….

I give my permission for (name of child) …………………………………………….to take part in the sibling group (Signature of parent):

**Please note a place on the group will not be secured until the form is received. Please return the form to:**

Vicky Mckirgan - mckirganv@kls.herts.sch.uk