



# SIBLING PROFILE FORM

## CHILD'S PHOTO

This form is vital for PACSO staff.

Please give as much information as you can and **contact us ASAP if anything changes.**

Please provide PACSO with a photo of your child/ young person.

<b>Child/Young Person's Name</b>					
<b>Date of Birth</b>					
<b>Gender</b>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer not to say
<b>School</b>					
<b>Name of sibling who is registered with PACSO</b>					

<b>Child's Ethnicity</b>	<b>White</b>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>					
	<b>Black</b>	African	<input type="checkbox"/>	British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>			
	<b>Asian</b>	Bangladesh	<input type="checkbox"/>	British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani

**Other/Mixed (please specify):** \_\_\_\_\_

<b>Parent Carers Name/s</b>					
<b>Address</b>					
<b>Town</b>					
<b>County</b>		<b>Post Code</b>			
<b>Home Phone Number</b>					

We email and text out details of upcoming activities and events so please provide your email address and mobile number/s so we can keep you updated. Let us know if your contact details change.

<b>Mobile Number/s</b>					
<b>Email Address</b>					

If we CANNOT contact YOU (on the details above), who should we contact in an emergency?

<b>Other Emergency Contact Names</b>		<b>Mobile Number/s</b>	
<b>Child's GP Name</b>		<b>Phone No.</b>	
<b>GP Surgery Address</b>			

**Medication – Please bring each time your child/ young person attends PACSO**

Does your child/young person take any <b>regular medication</b> ? Please give <u>full details</u> :	
Do they take any <b>emergency medication</b> ? Please give <u>full details</u> :	

### Allergies

Does your child/young person have any <b>allergies or intolerances</b> ? Please give <u>full details</u> :	
What <u>action</u> would you like us to take?	
Are they <b>allergic to plasters</b> ?	Yes / No

## Food & Drink

Is your child/young person on a <b>special diet</b> (e.g. due to weight issues or medication)? Please give <b>full details</b> :	
Are they allowed <b>fruit squash</b> to drink?	Yes / No

## Activities

What are your child/young person's favourite <b>toys, activities &amp; places to go</b> ?	
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## Swimming

Is your child/young person <b>confident</b> in the water?	Yes / No
Can they swim <b>unaided</b> ?	Yes / No
If no, <b>what aids</b> do they use?	
Any other <b>details</b> about water activities?	

## Useful Information

Please tell us a little more about your child/ young person.	
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## Friends at PACSO

Does your child/young person <b>know anyone else</b> at PACSO?	
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## Communication

<b>Parent/Carer:</b> Is <b>English</b> your first language?	Yes / No
If no, please state:	
<b>Parent/Carer:</b> Do <b>you</b> have any additional communication needs?	Yes / No
If yes, please state:	

## Media Permissions

Do you give permission for us to take photos of your child/young person for <b>their own</b> scrapbook?	Yes / No
Do you give permission for us to take photos of your child/young person for <b>our</b> records?	Yes / No
We take photos/videos at many of our activities for our social media. This is a great way for families to see the fun that their child/young person has been having at PACSO, as well as showing all our members and friends what PACSO is all about!	
Do you give permission for us to include photos/videos of your child/young person on <b>our Facebook and Twitter</b> ?	Yes / No
Do you give permission for us to include photos/videos of your child/young person on <b>our website</b> ?	Yes / No
Do you give permission for us to use photos/videos of your child/young person for publicity (including PACSO publicity, local newspapers & County Council media), fundraising applications/reports or any other future publicity?	Yes / No

## Consent – please confirm that you consent to the following then sign and date below:

I consent to my child/young person participating in PACSO activities under the care of PACSO Staff.	Yes / No
I consent to my child/young person receiving First Aid Treatment in the event of an accident or emergency.	Yes / No
I consent to PACSO Staff providing my child/young person with toileting/personal care assistance if required.	Yes / No
I consent to PACSO staff positively handling my child/young person where reasonable, proportionate and necessary.	Yes / No
I consent for this Profile Form to be carried by PACSO staff during sessions.	Yes / No
I consent to being contacted by PACSO about activities, information & updates.	Yes / No
I consent to being contacted by PACSO about other organisations, events & information that might be of interest.	Yes / No
I confirm that this is an accurate record of my child/young person and I will notify PACSO of any changes ASAP.	Yes / No
I agree to provide any medication or equipment my child/young person requires for <b>every</b> PACSO session.	Yes / No
I understand that by completing this registration form, I will become a member of PACSO.	Yes / No
I understand that I can cancel my membership at any time by contacting PACSO, and that my details will be removed from the PACSO Database in accordance with the terms of PACSO's Data Retention Policy.	Yes / No

Signed (Parent Carer):	Date:
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<b>For Office Use Only:</b>	Database:	Play Manager:	Membership No:
	£10 admin fee paid (if applicable)?	Date paid:	Payment Method: