



Oasis

Academy
Warndon



Oasis Plus

Wrap Around Care Admission Form

Child Information (one child per form)

Child's full Name:	
Date of Birth:	
Legal Contact:	
Parental Responsibility	
Home address:	
Post Code:	
Telephone number:	
1.	
2.	
3.	
Email Address:	
Current Class:	

Collection Processes

Who will be the responsible adults authorised to collect your child?	
Please provide a password that may be used in the event of a unknown person collecting your child?	

Emergency Contact Information

Emergency Contact 1:	
Name:	
Relationship to child:	
Contact Number:	
First Language:	

Emergency Contact 2:	
Name:	
Relationship to child:	
Contact Number:	
First Language:	

Special Requirements

Please outline details of any special needs or requirements needed when caring for your child such as medical history, allergies, Phobia's or special dietary information.

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Medical Information

Doctors name:		
Surgery Address:		
Surgery Contact Number:		
Immunisations/Vaccinations:	Has your child been fully vaccinated?	
	Yes or No	Date of immunisation
Diphtheria		
Polio		
Rubella		
Whooping Cough		
Measles		
Hib Meningitis		
Tetanus		
Mumps		
Health Visitors name:		Tel No:

Due to regulations we will need written consent for the following pieces of information, please delete where necessary:

I **DO/ DO NOT** give consent for sun cream to be used on my child if staff feel appropriate.

First Aid Consent

Parental contract:

I give consent for first aid to be given to the child named above, I understand that this will involve contact between my child and a member of staff and I am satisfied that they will receive this help in the presence of at least one other member of staff. Your child may also be required to be taken off site in an emergency if the need arises.

Emergency Consent

I consent to staff of the Oasis Academy Warndon Breakfast Club auctioning emergency medical treatment procedure through the local hospital emergency service if appropriate.

Signature of Parent/Guardian: _____

Date: _____