**REGISTRATION FORM**

**SECTION A: SERVICE USER’S DETAILS**

**Name: ………………………………………………………………………………………………………………………………………….………………..**

**Date of Birth: ……………………………………………………… Age: ………………………………… Male/Female**

**Address: …………………………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………. Post Code: …………………………………………………………**

**SECTION B: PARENT/CARER DETAILS**

**Primary Parent/Carer Name: ………………………………………..……………………………………………………………………………….***(This is the parent/carer who will be our first contact, and who will receive all correspondence by default)*

**Relationship to Service User ………………………………………………………………………………………………………………………….**

**Address: …………………………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………. Post Code: …………………………………………………………**

**Telephone Number (Home): ……………………………………………… Mobile:** **…………………………………………………………...**

**Email Address:** **………………………………………………………………………………………………………………………………………….....**

**Secondary Parent/Carer Name: ………………………………………..…………………………………………………………………………..**

**Relationship to Service User ………………………………………………………………………………………………………………………….**

**Address: …………………………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………. Post Code: …………………………………………………………**

**Telephone Number (Home): ……………………………………………… Mobile:** **…………………………………………………………...**

**Email Address:** **………………………………………………………………………………………………………………………………………….....**

**Would you like correspondence to be directed to both the primary and secondary parent/carer?**  **Yes / No**  
(*Please only select yes if parent/carers live at separate addresses*).

**SECTION C: SERVICE USER’S MEDICAL HISTORY**

**DOCTOR/GP DETAILS**

**Doctor Name ……………………………………………………………………………………………………………………………………………….**

**Surgery Address: ……………………………………………………………………………………………………………………………………………**

**Telephone Number: ………………………………………………………………………………………………………………………………………**

**CURRENT MEDICAL CONDITIONS AND ALLERGIES**

**Current medical condition(s): ………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………………………**

**Nature of additional need: ……………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………………………**

**Current allergies (food, medical or other): …………………………………………………………………………………………….………**

**………………………………………………………………………………………………………………………………………………………………………**

**MEDICATION REQUIRED AT PLAY ALLOA**

*(Details in writing must be supplied indicating the medication, dosage, how and when it is to be administered. Only prescribed medication can be administered by Play Alloa staff.)*

**Name of medication: …………………………………………………………………………………………………………………………………….**

**How and when is it to be administered: …………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………………………….**

**SECTION D: EMERGENCY CONTACT DETAILS**

*Please provide the contact details of two individuals who can be contacted if we are unable to contact either parent/carer.*

1. **Name: …………………………………………………………………………………………………………………………………………………**

**Relationship to service user: …………………...…………………………………………………………………………………………**

**Address: ………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………. Post Code: ………………………………………………**

**Telephone Number: …………………………………………………………………………………………………………………………….**

1. **Name: …………………………………………………………………………………………………………………………………………………**

**Relationship to service user: ..………………….………………………………………………………………………………………….**

**Address: ………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………. Post Code: ………………………………………………**

**Telephone Number: …………………………………………………………………………………………………………………………….**

**SECTION E: INVOLVEMENT WITH OTHER AGENCIES**

Please note that no other agency will be contacted regarding the service user without your permission.

**Social Worker: …………………………………………………………………………………………………………………………………………**

**Educational Psychologist: ………………………………………………………………………………………………………………………..**

**School Attended: …………………………………………………………………………………………………………………………………….**

**Other: ……………………………………………………………………………………………………………………………………………………..**

**SECTION F: MANAGEMENT OF THE SERVICE USER**

**General Behaviour: ………………………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………………………………….**

**Supervisory Needs: …………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………….……………………………………………………………….**

**Mobility and Travel: ……………………………………………………….………………………………………………………………………**

**……………………………………………………………………………………….……………………………………………………………………….**

**Speech and Communication: ………………………………………………………………………………………………………………....**

**……………………………………………………………………………………………………………………………………………………………….**

**Toileting: ………………………………………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………………………………….**

**Dressing: …………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………………….….**

**Play Interests: ………………………………………………………………………………………………………………………………………...**

**………………………………………………………………………………………………………………………………………………………………..**

**Any other information: ……………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………………..**

**SECTION G: CONSENT DECLARATIONS**

**Please TICK all of the boxes that you agree with.**

* **I consent that I am a tax payer and want Play Alloa to collect Gift Aid on my donations/session fees.**
* **I consent to any emergency medical treatment that my son/daughter may require during his/her time at Play Alloa.**
* **I undertake to inform the Senior Project Manager as soon as possible of any changes in the medical circumstances of my son/daughter.**
* **I understand that Play Alloa staff can only administer prescribed medication, and only, with my written consent.**
* **I will inform the Senior Project Manager of any changes that may require a decision about the continuing placement of my son/daughter.**
* **I give permission for my son/daughter to participate in all activities relating to the Play Alloa programme, both in and out of the premises, providing such activities are appropriately supervised by a member of Play Alloa staff.**
* **I consent that photographs/videos may be taken of my son/daughter and used to promote Play Alloa.**
* **I understand that Play Alloa cannot be held responsible for any loss or damage to personal items. Play Alloa will, however, take all reasonable precautions to prevent theft or damage to personal property.**

**Parent/Carer Signature: …………………………………………………………....…………. Date: .................……………………**

**If you have any questions, please don’t hesitate to contact:**

**Maria Malcolm, Play Alloa, Senior Project Manager**

**Play Alloa Office Address:** Play Alloa, 19 Broad Street, Alloa, Clacks FK10 1AN

**Email:** [connect@playalloa.co.uk](mailto:connect@playalloa.co.uk) **| Tel:** 01259 721511

**Website:** [www.playalloa.co.uk](http://www.playalloa.co.uk) **|** [www.facebook.com/playalloa](http://www.facebook.com/playalloa)