

LAC	Yes / No	No:		Reg Date:		Fee:				
For Office Use	C	U	B	BN	DD	C	HP	C	NE	C
		O		BS		YP		YP		YP
		YP		YP						



A Registered Charity No 1128629 working in North Derbyshire to improve opportunities for children and young people with disabilities and their families
Fairplay is a company limited by guarantee

Membership Form for Children and Young People

How did you hear about Fairplay?					
Child / Young Person's First Name			Male	Female	
Child / Young Person's Surname					
Date of birth					
Parent / Carer 1	First Name:		Parent / Carer 2	First Name:	
	Ms / Mrs / Mr	Surname:		Surname:	
Address				1st contact number:	
Postcode				2nd contact number:	
Ethnic origin eg White British / Asian / Black African etc				Religion	
Siblings (please give details of all siblings)					
	First Name	Surname		Male / Female	Date of Birth
1				Male / Female	
2				Male / Female	
3				Male / Female	
4				Male / Female	
What are the particular additional needs / disabilities of your child / young person? (eg Autism, ADHD, learning disabilities)					
Method of communication? eg speech, Makaton					
Does your child / young person have any medical problems? (eg Asthma, Hay Fever etc)					
What are your child / young person's likes / dislikes? (eg painting, sticking, etc)					
Does your child/young person have any fears or anxieties, and if so, how do you as a parent/carer manage this?					

Please list any relevant information with regards to feeding, dressing, toileting, mobility etc.
Please list any regular medication your child is taking, even when not attending Fairplay.
Does your child / young person have any allergies to food, drink, nuts or any medication eg painkillers?
Food preferences (eg vegetarian, special diet)
Name of child / young person's Nursery / School / College
Is your child / young person up to date with immunisations, including Tetanus?

Please give **two** alternative contact numbers in case of emergency

1	Name	Relationship to child / young person
	Contact tel no 1	Contact tel no 2
2	Name	Relationship to child / young person
	Contact tel no 1	Contact tel no 2
GP name		Surgery tel no
Surgery address		

It is important that you give full and accurate information on this form in case of emergency.

I do / do not give permission for photographs to be taken (delete as appropriate)	Sometimes photos are used for publicity purposes including on Fairplay's website.
I do / do not give permission for details to be shared (delete as appropriate)	A strict code of confidentiality is adhered to at all times. However, from time to time we need to share information with other professionals in order to provide appropriate services for your child.
I do / do not give permission for any emergency medical advice or treatment to be obtained in the future (delete as appropriate)	
Signed Parent / carer	Date