**COVID-19**

|  |  |
| --- | --- |
| Hub: |  |

**CONCERNS FORMALLY REPORTED TO DSL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date concern received** | **Person(s) reporting concern / role** | **Person(s) receiving concern / role** | **Action / outcome** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**COVID-19**

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| Hub: |  |

**Consent statement for information storage and information sharing**

As part of the work of the (name of Hub) it may be necessary for us to share information about your child with other professionals so that they can help us to provide the Keyworker Childcare service that your family need.

We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

I understand that the information that is recorded on this form will be stored and used for the purpose of providing services to:

🞏 Me

🞏 The child/ren for whom I am a parent

🞏 The child/ren for whom I am a carer

I have had the reasons for information sharing explained to me and I understand those reasons.

🞏 Yes 🞏 No

I agree to the sharing of information, as agreed, between the services listed and ticked below.

🞏 LA/Education Services 🞏 Health Services

🞏 LA Social Care 🞏 Other

|  |  |
| --- | --- |
| Other: | Teaching staff from other schools within the (name of Hub) |

I agree that the basic information (child’s name, address, emergency contact numbers, medical/dietary requirements, any current safeguarding concerns) will be kept on file for the period of the existence of Hub working or my child no longer attending the Hub.

🞏 Yes 🞏 No

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of parent/carer** |  | | |
| **Signed** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Hub lead** |  | | |
| **Signed** |  | **Date** |  |

/Continued – personal information/key contacts

**COVID-19**

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| Hub: |  |

**Key contact details / personal information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) of child(ren) | 1 |  | |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| Medical information, allergies, dietary requirements, etc | 1 |  | |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| Parent/carer contact number and alternatives: |  | |  |
|  | |  |
| Parent/carer email address and alternatives: |  | | |
|  | | |
|  | | |

**Health and safety – consent statements**

I give my permission for the child(ren) named to play outside in the school grounds.

🞏 Yes 🞏 No

I consent to the (name of Hub) contacting Emergency Services in the event of illness or accident.

🞏 Yes 🞏 No

I consent to the (name of Hub) contacting the DSL at my child(ren)’s “home” school(s) to share safeguarding information.

🞏 Yes 🞏 No

COVID-19

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| Hub: |

**COVID-19**

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| Hub: |  |

**RECORD OF INITIAL SAFEGUARDING CONCERNS REGARDING:**

|  |  |
| --- | --- |
| Pupil name(s): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Initial concern** | **Reported to Designated Safeguarding Lead** | **Signed** |
|  |  | Member of staff reporting | Member of staff reporting |
|  |  |
| Name of DSL | Designated Safeguarding Lead |
|  |  |

Any member of staff who has a safeguarding concern should make a note of their concerns and pass the completed form to the appropriate Designated Safeguarding Lead (DSL). The DSL will then take the appropriate actions to safeguard the child(ren) concerned.

Always remember:

**Don’t think “What if I’m wrong?”**

**Think “What if I’m right?”**

Safeguarding our children is the responsibility of each and every one of us.

**Thank you**