AJB SPORTS IN EDUCATION

WRAPAROUND CARE

ATTENDANCE, MEDICATION & ALLERGY RECORDS

Breakfast Clubs & After-School Care

1. Breakfast Club – Daily Attendance Register

School	
Date	
Person in Charge	

Child	Expected	Arrival Time	Breakfast	Handover Time	Handed To / Arrangement	Notes

Expected children	
Children attended	
All children handed safely to school	☐ Yes ☐ No
Final headcount completed by	
Time	

Any discrepancy or unexplained absence must be investigated and recorded in accordance with AJB procedures.

2. After-School Care – Daily Attendance & Collection Register

School	
Date	
Person in Charge	

Child	Expected	Received Time	Received From / Location	Collection Time	Collected By	Staff Initials

Child Expected But Not Received: **DO NOT SIMPLY MARK THE CHILD ABSENT.**

Child	
Reason confirmed	☐ Absent from school ☐ Collected directly ☐ Other activity ☐ Booking changed/cancelled ☐ Other
Details / Other	
Confirmed by	
Time	

If the child's whereabouts are not confirmed, follow the Booked Child Fails to Arrive Procedure immediately.

Expected	
Attended	
All children collected	☐ Yes ☐ No
Final child collected at	
Register checked by	

3. Child Medication Authorisation Form

Child's Name	
Date of Birth	
School	
Parent / Carer	
Emergency Contact	

Medication Details

Medical condition / reason	
Medication name	
Strength	
Dose	
Method of administration	
When should it be given?	☐ Specific time: _____ ☐ When required ☐ Emergency only
Maximum dose / frequency	
Expiry date	

If 'when required', signs / symptoms indicating medication should be given: _____

Special instructions: _____

Storage Requirements

☐ Room temperature

☐ Refrigerator

☐ Emergency medication accessible to staff

☐ Child carries medication under agreed plan

☐ Other: _____

Parent / Carer Declaration

I confirm that the information provided is accurate and authorise appropriately trained/competent AJB staff to administer this medication in accordance with the instructions provided. I will notify AJB of any changes to my child's medication or medical needs.

Parent / Carer Name	
Signature	
Date	

AJB Check

☐ Medication clearly labelled

☐ Child's name matches

☐ Instructions are clear

☐ Medication is in date

☐ Storage arrangements agreed

☐ Relevant staff informed

☐ Emergency procedure understood where applicable

Checked by	
Date	

4. Medication Administration Record

Child	
School	
Medication	

Date	Time	Dose	Reason / Symptoms if PRN	Administered By	Witness if Required	Parent Informed

Medication Refused / Not Administered

Date / Time	
Reason	☐ Child refused ☐ Medication unavailable ☐ Dose not required ☐ Concern about instructions ☐ Other
Action taken	
Parent informed	☐ Yes ☐ No
AJB management informed where required	☐ Yes ☐ No
Staff name / initials	

Never record medication as administered if it was refused, unavailable or otherwise not given.

5. Allergy, Dietary & Food Information Form

Child	
Date of Birth	
School	
Parent / Carer	

Dietary Information

☐ No known food allergies

☐ Food allergy

☐ Food intolerance

☐ Medical dietary requirement

☐ Religious / cultural dietary requirement

☐ Other dietary requirement

Allergy / food: _____

What happens if the child is exposed?: _____

Known symptoms:

☐ Rash / hives

☐ Swelling

☐ Vomiting

☐ Breathing difficulties

☐ Anaphylaxis

☐ Gastrointestinal symptoms

☐ Other: _____

Severity: ☐ Mild ☐ Moderate ☐ Severe ☐ Risk of anaphylaxis

Foods / ingredients that MUST be avoided: _____

Cross-contamination precautions required: _____

Emergency Medication / Plan

☐ None ☐ Adrenaline auto-injector ☐ Antihistamine ☐ Inhaler ☐ Other: _____

Medication location during AJB provision: _____

Individual healthcare / allergy plan? ☐ Yes ☐ No Copy available to AJB? ☐ Yes ☐ No

Food AJB Can Provide

Breakfast options agreed as suitable: _____

Snack / after-school food agreed as suitable: _____

Food AJB must never provide: _____

Parent Confirmation

I confirm that the above information is accurate and will notify AJB immediately if my child's allergies, dietary requirements or medical information changes.

Parent / Carer	
Signature	
Date	

6. Allergy & Medical Quick-View Sheet

CONFIDENTIAL – STAFF ACCESS ONLY

Check the child's full individual plan before administering medication or responding to an emergency. This sheet is a quick reference only.

School					
Review / update date					
Child	**Allergy / Condition**	**Avoid / Key Information**	**Symptoms / Warning Signs**	**Emergency Medication**	**Location**

This sheet must be stored securely but remain readily accessible to relevant staff during the provision. Update immediately when notified of a change.

Document Control

Document	AJB Wraparound Care – Attendance, Medication & Allergy Records
Version	September 2026
Applies to	AJB Breakfast Clubs and After-School Care
Related documents	Staff Handbook; Emergency & Safeguarding Procedures; Medication Policy; First Aid Policy; Food/Allergy Procedures
Confidentiality	Completed forms contain personal/special category information and must be stored securely with access limited to those who need it.