



# Mo-Ro's - All About Me



MORO's staff are employed by Morecambe Road School. They are DBS enhanced cleared and have specialised training in a range of areas including autism, administration of medicine, first aid, positive behaviour management and manual handling. Care and management of MORO's children and young people will be provided in accordance with current plans. For Morecambe Road School pupil's these will be the plans raised and used by the school. For all other children and young people these should be supplied by the parent, if appropriate.

MORO's staff follow the procedures and policies adopted and approved by Morecambe Road School Governing Body. Copies are published on the school website or can be obtained from the school office.



Mo-Ro's  
The Lodge  
Morecambe Road School  
Morecambe Road  
Morecambe LA3 3AB

During school hours: (01524) 414384

During club hours: 07341 869431

Please note bookings are not to be made via the mobile telephone as bookings are managed by the school admin team for pupil/staff ratio.

Email: [f.gill@morecamberoad.lancs.sch.uk](mailto:f.gill@morecamberoad.lancs.sch.uk)  
School website: [www.morecambe.lancsngfl.ac.uk](http://www.morecambe.lancsngfl.ac.uk)

Insert photograph here	<b>Forename:</b>	<b>Surname:</b>
	<b>Any other name known by:</b>	<b>Age:</b>
	<b>DOB:</b>	
	<b>Address:</b>	
<b>School Attended:</b>		<b>Year Group:</b>
<b>Password to used by yourself and relatives when collecting your child:</b>		

**My Special / Additional Needs:**

**MAIN CONTACT:**

<b>Name:</b>	<b>Relationship to child:</b>	
<b>Address:</b>		
<b>Home Tel:</b>	<b>Mobile No:</b>	<b>Work No:</b>
<b>Email Address:</b>		

**SECONDARY CONTACT:**

<b>Name:</b>	<b>Relationship to child:</b>	
<b>Address:</b>		
<b>Home Tel:</b>	<b>Mobile No:</b>	<b>Work No:</b>

**DOCTORS INFORMATION:**

<b>Doctors Name:</b>
<b>Surgery:</b>
<b>Address:</b>
<b>Tel No:</b>

**MEDICAL INFORMATION:**

Medical needs– e.g. asthma / epilepsy / shunt / hyperthyroidism:

**Medication required during MO-ROS:**

Medication Required	Dose	Time

Please sign below giving us consent to administer your Child's medication:

Parent/Carer signature:

Date:

Emergency procedures - for Seizures / diabetic hypo etc:

Allergies - e.g. peanuts / eggs / dairy / gluten:

Toileting needs- e.g. nappies / possible soiling incidents / toilet trained:

**IF IN NAPPIES PLEASE SEND WIPES / NAPPIES ETC**

**ABOUT ME: Please enter any current details about your child you think we should know.**

My Likes – e.g. craft / video's / DVD's / games / food / drink etc...

My Dislikes:

What makes me feel stressed or anxious:

What helps me calm down when stressed:

Any other information we should know about you - e.g. food likes and dislikes