

CHILD RECORD



CHILD'S DETAILS

Child's Full Name: _____ Date of Birth: _____

Home Address: _____

Home Phone No: _____

Gender: Male Female

Child's First Language: _____

Parent's First Language: _____

Date of Commencement: _____

Date Finishing: _____

PARENT/GUARDIAN'S DETAILS

Name: _____

Name: _____

Workplace Address: _____

Workplace Address: _____

Work Phone No: _____

Work Phone No: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

Home Address (If either above is different from the child's): _____

Who does the child live with: _____

NOMINATED PEOPLE TO COLLECT MY CHILD

Name (1): _____

Name (2): _____

Address: _____

Address: _____

Phone No: _____

Phone No: _____

NOMINATED EMERGENCY CONTACTS

Name (1): _____

Name (2): _____

Address: _____

Address: _____

Phone No: _____

Phone No: _____

MEDICAL DETAILS

Family Doctor: _____ Telephone: _____

Address: _____

IMMUNISATION RECORD Please enter date into boxes

BCG	6 in 1 + PCV (2 months)	6 in 1 + Men C (4 months)	6 in 1 + Men C + PCV (6 months)	MMR + PCV (12 months)	Men C + Hib (13 months)	4 in 1 + MMR (4-5 years)

ALTERNATIVELY, PLEASE FILL OUT:

I can confirm that _____ immunisations are up to date

Signed: _____ Date: _____

SPECIAL/ADDITIONAL NEEDS

Does your child suffer from any medical conditions or allergies: YES NO

Please outline details and any special requirements: _____

Does your child suffer from any physical disabilities: YES NO

Please outline details and any special requirements: _____

Does your child suffer from any hearing and/or speech difficulties: YES NO

Please outline details and any special requirements: _____

Does your child have any specific dietary requirements: YES NO

Please outline details: _____

FURTHER INFORMATION

Does your child use 'pet' language for special comfort toys: _____

Name of siblings and/or close personal relationships in your child's life: _____

Additional information or concerns that might help us to get to know your child better: _____

PARENTAL CONSENT FORM

Each of these consents relate to a Policy and Procedure in our Parental Handbook.

Please refer to these below you sign below:

1. Emergency Medical Care

I understand that every effort will be made to contact the named guardian or other next of kin in the event of an emergency requiring medical attention. However, if none of these can be contacted I hereby authorise the Crèche to transport my child to the Doctor's Surgery or to the appropriate hospital as necessary and to secure the necessary medical treatment for my child.

Parent/Guardian's Signature: _____

2. First Aid

I authorise the Crèche staff that are trained in First Aid to give my child First Aid treatment when appropriate. I consent to teething gels and temperature control medication (Calpol/Nurofen) being given as necessary.

NB. Parents will always be informed when medication has been administered to their child.

Parent/Guardian's Signature: _____

3. Permission for Trips/Outings/Walks - Recommended Ratio is 3:1

I authorise that my child may be taken on any outings/walks that may be planned. I understand that all necessary precautions will be taken to ensure my child's safety.

Parent/Guardian's Signature: _____

4. Photo & Video Recording Permission

I give permission for my child's photograph or video to be taken and used within the crèche as outlined in Policies and Procedures.

Parent/Guardian's Signature: _____

5. Student Observation Permission

From time to time throughout the year, students will be visiting the crèche and observing children as part of their course. These observations are vital to ensure that theory is backed up by actual experience. Students will never have unsupervised access to the children during their time in the crèche.

Parent/Guardian's Signature: _____

6. Sun Cream Permission

I give permission for the application of sun cream to my child as outlined in the Crèche Sun Protection Policy.

Parent/Guardian's Signature: _____

7. Parent/Crèche Childcare Declaration

I have read and understand the policies referred to above. I will notify staff of any changes to any of the details on this form.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

NOTES

ISSUED BY:

