

**Creeslough Community Childcare Record Form
Confidential**

Child's Name:.....

Date of Birth:.....

Home Address:.....

Home Telephone Number.....

Parents/Guardian:

Name.....

Name.....

Mobile Number.....

Mobile Number.....

Work Place.....

Work Place.....

Work Number.....

Work Number.....

E-Mail Address.....

E-Mail Address.....

Home Address for either of above if different from child:

With whom is the child living?.....

Nominated Emergency Contact Persons: (these persons must be contactable at all times in case of an emergency and parents cannot be contacted)

1. Name.....

2. Name.....

Address.....

Address.....

Telephone Number.....

Telephone Number.....

Person(s) authorised to collect child (other than Parents/Guardians)

1. Name.....

2. Name.....

Address.....

Address.....

Telephone Number.....

Telephone Number.....

***Please use extra paper if there are more than 2 persons authorised to collect your child.**

SPECIAL CARE ATTENTION

Does your Child have any medical conditions?

If so, please specify:

.....

Does your Child have any allergies?.....

If so, please specify:

Doctor Details:

Name of GP:.....

Telephone Number:.....

Immunisations:

| Record of Immunisations | Yes/No | Date |
|---|--------|------|
| At Birth BCG | | |
| 2 Months: (Diphtheria, Tetanus, Whooping Cough, Polio, Hib) 5:1 Men C | | |
| 4 Months: Diphtheria, Tetanus, Whooping Cough, Polio, Hib) 5:1 Men C | | |
| 6 Months: (Diphtheria, Tetanus, Whooping Cough, Polio, Hib) 5:1 Men C | | |
| 1 Year: (Measles, Mumps, Rubella) MMR | | |
| 4-5 Years: (Diphtheria, Tetanus, Whooping Cough, Polio, Hib) 4:1 MMR | | |

Signed:.....Parent/Guardian

Signed:..... Manager/Supervisor Date:

Does your child have any specific dietary requirements? (Please give specific requirements).....

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

Additional information that might help us to get to know your child better: e.g. Pet language for comfort toys, toilet, etc.....
.....
.....

Agreement for Medical Treatment

I/We Parent/Guardian of, hereby give consent for appropriate medical treatment in the event of an emergency.

Signed:.....Parent/Guardian

Signed:..... Manager/Supervisor Date:.....

Agreement for Administration of Calpol in the event your child may develop a high temperature

I/We Parent/Guardian of, hereby give consent for the administration of Calpol in the event my child should develop a high temperature.

Signed:.....Parent/Guardian

Signed:..... Manager/Supervisor Date:.....

Sleep Routine:

We operate a sleep time for children in the crèche from 1.30pm to 3.30pm. All children shall be allowed to sleep when they are tired and in need of a rest.

Permission to change clothes:

I/We hereby give permission for any member of staff to change(Child's name), should the need arise.

Signed:..... (Parent/Guardian)

Signed:..... (Manager/ Crèche Supervisor) Date:

Permission to part in Outings:

I/We hereby give permission for..... (Child's name) to partake in walks and other outings outside the childcare service grounds. On the understanding that the adult to child ratios are met as required by the insurance company at all times.

Signed:..... (Parent/Guardian)

Signed:..... (Manager/ Crèche Supervisor) Date:

Permission for the application of sun protection cream:

I/We hereby give permission for staff to apply or assist in the application of sun protection cream on(Child's name) before outings and/or playing outside.

Signed:..... (Parent/Guardian)

Signed:..... (Manager/ Crèche Supervisor) Date:

Permission to be photographed or video recorded while in the care of the childcare services staff:

Do you give permission for your child to be photographed or video recorded while under the supervision of the childcare manager? (Photos may be used by staff for observation/planning purposes, staff training and/or open days. Staff may also keep written records of observations for planning purposes).

Yes/No?

Signed:.....(Parent/Guardian)

Signed:.....(Manager/Supervisor)Date:.....

**THIS FORM SHOULD BE SIGNED BY THE PARENTS/
GUARDIANS AND WITNESSED BY THE SERVICE MANAGER/
PERSON IN CHARGE**

To be completed by Crèche Leader:

Date on which the child first attended the service.....

Date on which the child ceased attending the service.....

Number of days the child attends the service.....

Checklist:

- | | |
|---|----------|
| 1. Child record section completed by parents/guardians? | YES / NO |
| 2. Special care attention form completed by parents/guardians? | YES / NO |
| 3. Consent for medical treatment section signed by parents/guardians? | YES / NO |
| 4. Consent for clothes change section signed by parent/guardian? | YES / NO |
| 5. Consent for outings signed by parents/guardians? | YES / NO |
| 6. Consent for photographing/videoing signed by parents/guardians? | YES / NO |

Signed.....(Crèche Supervisor)

Date.....