

Child Information Record

Instruction: The Parent/Guardian shall complete this form and submit it to the childminding service prior to the Child's first day of attendance. Information on this form shall be kept at all times

Child's Information

Name	Address	Telephone No.	DOB (dd/mm/yyyy)	First Date at School	Last Date at School

*Parent/Guardian: All Parents/Guardians are permitted to visit service during the opening hours and are allowed to pick up the child unless access is prohibited by a court order. Attach court order if applicable

Relationship to Child	Name	Address	Home/Mobile Telephone no.s	Name & Address place of employment or where reachable while child is in service	Telephone Number
Mother					
Father					
Guardian					
Guardian					

* Person other than Parents/Guardian authorised to pick up child provide information request for each person. If not write " None"

Relationship to Child	Name	Address	Home/Mobile Telephone no.s	Name & Address place of employment or where reachable while child is in service	Telephone Number

*Emergency contact - Provide information for the person(s) to contact when parents/guardians cannot be reached

Relationship to Child	Name	Address	Home/Mobile Telephone no.s	Name & Address place of employment or where reachable while child is in service	Telephone Number

Family Doctor or Medical Facility

Name	Address	Telephone Number

Are there any health or medical problems, special dietary requirements, special needs, ect that the childminder should be aware of?

Attached is a copy of Child's immunization record. (Note it should be updated with every immunization).

Yes No **Date of Provision (dd/mm/yyyy):**.....

Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immdiately

I have had an oppourtunity to review Policy and Procedure of this Childminding Service and the National Guidline for Chilminders

I give permission for my child to participate in outings and other activities during the operating hours: transported walking

I have been informed of the numbers of pet in the service and their degree of contact with the children attending the service

I give permission to take photographs of my child

Any other helpful information about your child: special word your child may use, any fears your child may have, any trauma, upset or unusual events your child has experienced ect.

If more space is needed, please attach a separate sheet

<p>Signed Parent/Guardian Date</p>

Health History and Emergency Care Plan

Instructions: The Parent/Guardian should complete this form prior to the child's first day of attendance. A periodic review of this form by parents/guardians and staff is recommended

Child's Information

Child's Name:		Address:	
Telephone Numbers:	Birth Date (dd/mm/yyyy)	Date - First of attendance (dd/mm/yyyy)	

Parent/ Guardian - provide information where parents/guardians may be reached while the child is in care

Name: (1)	Telephone Number - Home:	Telephone Number - Work:	Telephone Number - Mobile:
Name: (2)	Telephone Number - Home:	Telephone Number - Work:	Telephone Number - Mobile:

General Practitioner/ Medical Facility Information

Name: (GP)	Address: Medical Facility	Telephone Number:
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1. Check any special medical condistions that your child may have :

- A) No Special Medical Condition
- B) Asthma
- C) Diabetes
- D) Epilepsy/ Seizures
- E) Emotional/behaviour disorder including ADD or ADHD

- F) Cerebral Palsy/ Motor Disorder
- G) Gastrointestinal or feeding concerns including special diet supplement
- H) Food Allergies - Please specify foods
- I) Non-food allergies, Specify
- J) Other conditions requiring special care. Please specify

Health History and Emergency Care Plan

2. Triggers that may cause problems. Please specify.

3. Signs or symptoms to watch for. Please specify.

4. Steps the Childminder should follow. If medication if necessary, a copy of Authorisation to administer medication should be attached to this form

- A)
- B)
- C)
- D)

5. When to call Parents in regards to symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care.

7. Additional Information that may be helpful to the child minder.

Signature Parent/Guardian:

Date Signed:

Review Dates:

Parental Consent Form

***Each of these consent relates to a Policy and Procedure in our handbook. Please refer to these before you sign**

1. Emergency Medical Care:

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

Parents/Guardians Signature:

2. First Aid

I authorise the Nursery Staff that are trained First Aid to give my child when appropriate. I consent to teething gels and temperature control medication (calpol/paralink) being given as appropriate. NB. Parents will always be informed when medication has been administered to their child

Parents/Guardians Signature:

3. Trip/Outing/Walking

Recommended Ratio is 3.1

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

Parents/Guardians Signature:

4. Photo and Video Permission

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

Parents/Guardians Signature:

5. Student Observation Permission

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

Parents/Guardians Signature:

6. Access to Animals/Insects

I give permission for my child to be in contact with or have supervised access to animals or pets

Parents/Guardians Signature:

7. Sun Cream Permission

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

Parents/Guardians Signature:

8. Parent/Nursery Childcare Declaration

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

Parents/Guardians Signature:

Date Signed: Nursery Managers Signatures

Date:

Bank Details:

AIB Sandymount

IBAN: IE70AIBK93360022744193 BIC: AIBKIE2D