



CHILD RECORD FORM

Child's Details

Child's full name: _____ Date of birth: _____

Home address: _____

Home phone number: _____

Sex: Male Female

Child's first language: _____

Parent's first language: _____

Date of commencement: _____

Date ceased attending: _____

Parent/Guardian's details

Name (1): _____

Name (2): _____

Workplace address: _____

Workplace address: _____

Work phone number: _____

Work phone number: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

Home address for either of above if different from child: _____

Person(s) authorized to collect child (other than parents)

Name (1): _____

Name (2): _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

Relationship to child: _____

Relationship to child: _____

PHOTO OF
COLLECTOR 1

PHOTO OF
COLLECTOR 2

Nominated emergency contacts:

Name (1): _____

Name (1): _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

Medical details:

Family doctor: _____

Phone: _____

Address: _____

Immunisation record:

I can confirm that _____ immunisations are up to date and I have attached a copy of my child's vaccinations record.

Signed: _____

Date: _____

Special/additional needs:

Attach a copy of medical emergency care plans where applicable

Does your child suffer from any medical conditions or allergies? Yes No

Please outline details and any special requirements: _____

Does your child have from any physical disabilities? Yes No

Please outline details and any special requirements: _____

Does your child have 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 and any special requirements: _____

Parental consent form:

1. Emergency Medical Care and the Administration of Antifebrile Medication

I understand that every effort will be made to contact the named guardian or emergency contact persons in the event of an emergency requiring medical attention. However, if none of these can be contacted I hereby authorise this service to administer antifebrile medication and if required 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 signature: _____

2. Nut free premises

I acknowledge that this service operates a **nut free** policy and asks all parents to not send any peanut or nut containing foods to school with my child. I understand this policy and agree to do my part to keep this service a nut free premises.

Parent/guardian signature: _____

3. Photographic and Recording Devices

I give permission for my child to have their photo taken (by app, tablet, camera or phone) and to be recorded on video. I also give permission for these photos or videos to be used as outlined in the services policies and procedures.

Parent/guardian signature: _____

4. Illness and exclusion (*schedule 1 included with this record form – please retain*)

I have read the information outlined in the illness and exclusion schedule and agree to do my part to ensure infection control.

Parent/guardian signature: _____

5. Sun Cream Permission

I give permission for the application of sun cream to my child as outlined in the services policies and procedures.

Parent/guardian signature: _____

6. Birthday or other occasion treats

I give permission for my child to eat birthday treats sent in from other parents (if applicable) and snacks provided for birthdays and other occasions such as Halloween party etc in line with the services' food and healthy eating policy.

Parent/guardian signature: _____

7. Student observation and work experience permission

Throughout the year, students may visit this service as part of their course for observations or to gain work experience. It is noted that students will never have unsupervised access to children during their time at our service.

Parent/guardian signature: _____

8. Permission to change clothes

I hereby give permission for _____ (child's name) clothes to be changed should the need arise.

Parent/guardian signature: _____

9. Data protection

I confirm that _____ (child's name) is below the age of 16 years old and I/we am hereby consenting on his/her behalf that this service can process personal data and the sensitive personal data relating to _____ (child's name) for the purposes of complying with the Early Years Services Regulations (2016).

I have received and read a copy of the data protection statement issued by this service and I will inform this service if there is a change that requires information held to be updated during my child's time in this service.

I understand that I can request a copy of this information, and revise or withdraw my consent by contacting the service at any time.

I consent to the processing of the data given in this form.

Parent/guardian signature (1): _____

Parent/guardian signature (2): _____

10. Data protection – information provided about others

I confirm that where I have given personal information about other persons (i.e. persons authorized to collect my child, persons listed as emergency contacts etc), that I have obtained their agreement in advance of providing the information. I confirm that I have shared this services' data protection statement with these persons and have confirmed that they understand that their information is being used for the purpose as described in the data protection statement.

Parent/guardian signature (1): _____

Parent/guardian signature (2): _____

11. Parent declaration

I have read and understood the policies referred to above and the other policies included in the policies and procedures booklet.

Parent/guardian signature (1): _____ Date: _____

Parent/guardian signature (2): _____ Date: _____

12. Classroom and days selection

Classroom:

Blackrock village: Toddler room _____ Junior Montessori _____ Senior Montessori _____

Stradbrook park: Toddler room _____ Junior Montessori _____ Senior Montessori _____

Days per week:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Schedule 1 – Illness and exclusion schedule (please retain this schedule)

Illnesses	Early Symptoms	Incubation Period	Period when Infectious	Minimum Period of Exclusion
Measles	Cold, Cough, Fever or Chill, Sore Eyes, white spots In mouth (1 or 2 days), rash after 2 or 3 days on face, weak chest.	8-15 days	From a few days before the running nose and head cold to 7 days after rash appears	7 days from appearance of rash
German Measles	May have fever, sore throat, stiff neck, rash after 1-2 days usually starts on face	14-21 days usually 12 days	From 7 days before to at least 4 days after rash appears	4 days from appearance of rash
Whooping Cough	Fever and Catarrh for approx 1 week before cough develops.	7-14 days	From 7 days before to at least 4 days after rash appears	4 days from appearance of rash
Mumps	Fever, sore throat, dry mouth, pain when chewing.	12-25 days	From 7 days before swelling appears to 9 days afterwards.	9 days from appearance of swelling
Chicken pox	May be a slight fever, headache, nausea, spots appear on the 2nd day starting on the back.	11-21 days	From 5 days before until 6 days after the last lot of blisters	6 days from appearance
Conjunctivitis	Sore eyes, inflamed discharge or watering	1-3 days	Contagious until treated.	Until treated and cleared.
Impetigo	Blisters, spreading the edges which are raised, thick yellow crust when blisters break.	NA	Contagious, spread by hands and by objects.	Until skin is completely healed.
Ringworm	(Body) Round red areas with a raised border.	10-11 days	Contagious spread by scratching and material under finger nails.	Until treated.
Scabies	Intense itching, blistering, pin point blood crusts.	Several days	Mites spread rapidly by contact from clothing or bedding.	Until treatment has commenced.
Bad Cold	Coughing or sneezing	NA	While child is coughing or sneezing	Coughing and sneezing may pass germs between children
Gastronenteritis	Diarrhoea and vomiting	Varies dependant on organism	Varies	Until 48 hours after normal bowel habits have returned and/or vomiting has stopped. (Exclusion period may be longer for certain organism e.g. Ecoli 0157)