

# CHILD RECORD CARD

Child's Full Name:		Gender:		Home Phone:	
Address:		Birth Date:		Mobile phone	

### Medical Details

Doctors Name		Tel #1:		Tel #1:	
Address					

When was your child's last Tetanus injection: \_\_\_\_\_

Is child allergic to food or other substances e.g. medication, sunscreen? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.)? **YES** [ ] **NO** [ ] \_\_\_\_\_

Does your child have any medical conditions e.g. epilepsy, asthma, convulsions, chronic health problems etc and what should be our procedure if an incident occurs? **YES** [ ] **NO** [ ] \_\_\_\_\_

Does your child have any additional or special needs e.g. hearing, speech, developmental, physical etc? **YES** [ ] **NO** [ ] \_\_\_\_\_

Additional information or comments: e.g. *likes/ dislikes/ fears etc.* \_\_\_\_\_

### PERMISSIONS

Do you give permission for your child to take part in all activities including excursions from the childcare centre both locally and on our weekly bus trip? **YES** [ ] **NO** [ ]

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event of my child being taken ill or injured, I hereby consent to any emergency medical, surgical or treatment that may be necessary in a situation where I cannot be contacted for the purposes of giving consent at the time of treatment. I hereby authorise the staff of Urlingford/ Johnstown Community Childcare Centres to communicate my consent to any medical treatment that is needed in the best interests of my child.

Parents/ Legal Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parents/ Legal Guardians Details

Name:		Initials		Name:			
Address:				Address:			
Home Tel		Work Tel		Home Tel		Work Tel	
Mobile		Relationship to child		Mobile		Relationship to child	

### Emergency Contact Persons & Authorised Adults to collecting your child (other than parents)

Name:		Initials		Name:			
Address:				Address:			
Home Tel		Work Tel		Home Tel		Work Tel	
Mobile		Relationship to child		Mobile		Relationship to child	

Do you give permission for your child to make their own way home from summer camp.

**YES [ ] NO [ ]**

Do you give permission for your child to be photographed/ videoed for **internal** centre use?  
e.g. displays on walls

**YES [ ] NO [ ]**

Do you give permission for the above photos to be used for **external** promotional purposes  
on our website, flyers or posters?

**YES [ ] NO [ ]**

Do you give permission for the centre staff to apply sun cream (if help is needed)?

**YES [ ] NO [ ]**

Signed \_\_\_\_\_ Date: \_\_\_\_\_