

Growing Places @ Oak Meadow

CRECHE ENROLMENT / MEDICAL FORM

| PERSONAL AND CONTACT DETAILS | | | |
|--|-------------------|---------------------|---------------------|
| CHILDS FULL NAME: | M / F | DATE OF BIRTH: | AGE yrs mths |
| CHILDS ADDRESS: | COURSE DETAILS | | |
| DETAILS OF PERSON WITH PARENTAL RESPONSIBILITY | | | |
| Name..... | Name..... | Home Telephone..... | Home Telephone..... |
| Mobile..... | Mobile..... | Address..... | Address..... |
| Details of main carer for duration of course (if different from above) E.G. Childminder/Foster Parent | | | |
| Name..... | Home Tel.No..... | Mobile Tel.No..... | Address..... |
| Involvement with other agencies - please circle - Family Support Workers/ Social Services/Other please state | | | |
| EMERGENCY CONTACT FOR PARENT/CARER (To be used in the event of the parent/carers being taken unwell or being injured) | | | |
| NAME..... TELEPHONE..... | | | |
| MEDICAL DETAILS | | | |
| HAS YOUR CHILD BEEN IMMUNISED FOR ANY OF THE FOLLOWING: | | | Approx due date |
| 1 st Diptheria & Tetanus & Polio | Age 2 Months | Yes / No | |
| 2 nd Diptheria & Tetanus & Polio | Age 3 Months | Yes / No | |
| 3 rd Diptheria & Tetanus & Polio Including Whooping Cough | Age 4 Months | Yes / No | |
| MMR - Measles, Mumps, Rubella, Polio | Age 12 -15 Months | Yes/No | |
| Pre-School Booster | Age 4 Years | Yes/No | |
| <i>PLEASE NOTIFY A MEMBER OF STAFF WHEN IMMUNISATIONS ARE GIVEN</i> | | | |
| HAS YOUR CHILD HAD ANY OF THE FOLLOWING DISEASES ? | | | |
| Measles | Yes/No | Mumps | Yes/No |
| Chicken Pox | Yes/No | Rubella | Yes/No |
| Whooping Cough | Yes/No | | |
| CHILD'S DOCTOR: | | TELEPHONE: | |
| DETAILS OF MEDICAL CONDITIONS/SPECIAL NEEDS/ALLERGIES/DIET RESTRICTIONS. PLEASE NOTE WE ARE UNABLE TO ADMINISTER MEDICINE TO CHILDREN IN THE CRECHE | | | |

AGREEMENTS AND CONSENTS

MEDICAL

- I consent to any emergency medical treatment necessary being given to my child, including intervention if my child is choking and being accompanied to hospital Yes/No
- I consent to members of staff applying sun cream to my child Yes/No
- I consent to my child using face paints Yes/No
- I consent to my child having plasters applied if necessary Yes/No
- I consent to my child handling the pets in the centre Yes/No
- I consent to my child being photographed whilst in the crèche Yes/No
- I consent to photographs being used for publicity (all names are withheld) Yes/No
- I consent to my child being taken out for walks in the grounds by the staff of community childcare centres. Yes/No

SIGNED..... DATE.....

I have read, understand and agree with the information included in the crèche leaflet

SIGNED..... DATE.....

FOOD WE PROVIDE A SNACK OF FRESH FRUIT AND MILK OR WATER(BOILED FOR UNDER 1 YR.) DURING EACH CRECHE

- I would/ would not like my child to have a snack with you
- I am/ am not providing a cup/bottle /food for my child

PERSONAL REQUIREMENTS

- Will your child require a sleep while he/ she is with us yes/no
- If yes please give details below of his/her requirements e.g. dummy, comforter, blanket, rocking in pushchair etc.
- Are you leaving a comforter/dummy etc with your child if yes please give details below
- Is there anything else you can think of that will help the staff to ensure your child has an enjoyable time while with us.

TO PREVENT REPETITION THIS FORM WILL BE USED EVERY TIME YOUR CHILD ATTENDS A CRECHE AT THE CENTRE PLEASE ENSURE THAT YOU INFORM THE STAFF OF ANY CHANGES TO THE ABOVE INFORMATION.