

Parent/Guardian

Work email: (1) _____ (2) _____

Work contact no.: (1) _____ (2) _____

Workplace address: (1) _____ (2) _____

Name: (1) _____ (2) _____

Date of commencement: ____ / ____ / ____ Date ceased attending: ____ / ____ / ____

Parent/Guardian first language: _____

Child's first language: _____

Home tel no: (1) _____ (2) _____

Contact email: (1) _____ (2) _____

Contact mobile no: (1) _____ (2) _____

Change of address: _____

Home address: _____

Sex: Male/Female

Date of birth: _____

Child's full name: _____

Name of early childhood care and education service: _____



Nominated emergency contacts

Name: (1) (2)

Address: (1) (2)

Relationship to child: (1) (2)

Contact no.: (1) (2)

Landline: (1) (2)

Mobile: (1) (2)

Person(s) authorised to collect my child (other than the parents)

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Who does the child live with?

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.....

.....

Home address of parent if different from above:



Date form filled in: ____ / ____ / ____

Information updated: (1) ____ / ____ / ____ (2) ____ / ____ / ____

Does your child suffer from any hearing and/or speech difficulties?

Please outline details and special requirements if any:

Does your child suffer from any physical/learning disability?

Please outline details and special requirements if any:

Does your child suffer from any medical conditions, illness, special needs, disability and/or allergies?

Special/additional needs

Age	Where	Vaccine	Date Received
Birth	Hospital/Clinic	BCG (TB)	
2 Months	GP	6 in 1 + PCV	
4 Months	GP	6 in 1 + Men C	
6 Months	GP	6 in 1 + Men C + PCV	
12 Months	GP	MMR + PCV	
13 Months	GP	Men C + Hib	
4-5 Years	GP/School	4 in 1 + MMR	

Immunisation Record (Please enter date received)

Web Address:

Tel no: Email:

Address:

Family Doctor:

Personal details



Parent/Guardian's signature: Date: ____ / ____ / ____

Patient Number if the child attends any clinics/specialists in the hospital:

I understand that every effort will be made to contact the named guardian or next of kin in the event of an emergency, requiring medical attention. However, if none of these can be contacted I hereby authorise the ECC service to transport my child to the doctor's surgery or to the appropriate hospital A/E department by ambulance or as is necessary and to secure the necessary medical treatment for my child.

1. Emergency Medical Care

Please refer to these before you sign below:

The following relate to Policies and Procedure in the Parents Handbook.

Parental consent form

YES NO

Notes provided by parents concerning the above are attached to file:

Please outline details and special requirements/needs if any, your child may have (that is not mentioned above):

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

Does your child use 'pet' language for special comfort toys?

Please outline details:

Does your child have any specific dietary/cultural requirements?

Please outline details and special requirements if any:



2. Emergency Medical Treatment

I give my permission for my child to be given appropriate emergency medical treatment in the case of an emergency.

Parent/Guardian's signature: Date: ___/___/___

3. First Aid

I authorise that staff trained in First Aid may administer First Aid to my child as appropriate.

Parent/Guardian's signature: Date: ___/___/___

4. Antipyretic

I consent to teething gels and temperature control medication (Calpol/Paralink) in accordance with the policy and procedures of the service.

NB: Parents will always be informed when medication has been administered to their child.

Parent/Guardian's signature: Date: ___/___/___

5. Trip/Outing/Walk Permission

I authorise that my child may be taken on outings/walks that may be planned outside the childcare service grounds on the understanding that the adult/child ratio as recommended by the Insurance Company will be adhered to at all times. I understand that all necessary precautions will be taken to ensure my child's safety. A trained first aid person will be present on all outings.

Parent/Guardian's signature: Date: ___/___/___

6. Permission to Change Clothes:

I/we hereby give permission for clothes to be changed should the need arise.

Parent/Guardian's signature: Date: ___/___/___

7. Photo and Video Permission

I give permission for to be photographed or video recorded. Photographs/videos may be used for:

(1) Child observations and feedback to parents.

(2) HSE inspection and service evaluation.

(3) Displays and information. Photos/videos may be shared with other parents, HSE inspectors and other

authorised personnel.

Parent/Guardian's signature: Date: ___/___/___





8. Child Observation Permission

Child observations will be used in the ECCE setting to ensure that the individual needs of children are met through the ECCE curriculum and programme. I give permission for child observations to be conducted in the ECCE setting, as outlined in the policy and procedures of the ECCE setting.

Parent/Guardian's signature: Date: ___ / ___ / ___

9. Access to Animals/Insects

I give permission for my child to be in contact with or have supervised access to animals or pets. Care will be taken to ensure that the health, safety and welfare of the children is not put at risk.

Parent/Guardian's signature: Date: ___ / ___ / ___

10. Sun Cream Permission

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

Parent/Guardian's signature: Date: ___ / ___ / ___

11. Parent/Nursery Childcare Declaration

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

Parent/Guardian's signature: Date: ___ / ___ / ___

Managers signature: Date: ___ / ___ / ___

Information on infectious diseases

Diseases	Early Symptoms	Usual Incubation Period	Period when Infectious	Minimum period of Exclusion	Advice
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Measles	Cold, cough fever or chill. Sore eyes, white spots in mouth (1-2 days), Rash after 2-3 days on face, weak chest.	8 – 15 days	Infectious	7 days from appearance of rash.	It may be advisable to temporarily exclude unvaccinated children who may be incubating measles.
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German Measles	May have fever, sore throat, stiff neck. Rash after 1 – 2 days usually start on face.	14 – 21 days usually 12 days	From a few days before the appearance of rash whilst and head cold to 7 days after rash appears.	7 days from beginning of whooping cough.	Very dangerous for pregnant mothers. Notify ALL mothers and advise consulting their doctor.
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Whooping Cough	Fevers and catarrh for approx 1 week before cough develops.	7 – 14 days	From 7 days before to at least 4 days after rash appears.	21 days from beginning of whooping cough.	Antibiotics may reduce the period of infectiousness.
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Mumps	Fever, sore throat, dry mouth, pain when chewing.	12 – 25 days	From 7 days after exposure to 21 days after whooping.	5 days from appearance of swelling.	
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Chicken Pox	May be a slight fever, headache, nausea, spots appear on 2nd day, starting on the back.	11 – 21 days	From 7 days before swelling appears to 9 days afterwards.	5 days from appearance of rash.	
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Conjunctivitis	Sore eyes, inflamed discharge or watering.	1 – 3 days	Contagious. Spread by rubbing of eyes or other contact.	Until discharge or inflammation has cleared or until they have had antibiotics for 48 hours.	
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Diseases	Early Symptoms	Usual Incubation Period	Period when Exclusion of Minimum period of	Advice
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Lice and Nits	Itching of head.	Contagious until treated.	Until treated.	All parents to be asked to treat children as a precaution.
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Impetigo	Blisters, spreading at edges which are raised, thick yellow crust when blisters break.	Contagious, spread by hands and contact with objects.	Until skin is completely healed.	Check the use of sand, water, and play dough. Wash all dressing up clothes.
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Ringworm	(Body) Round red areas with a raised border.	Contagious, spread by scratching and maternal under fingernails.	Until treated.	
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Scabies	Intense itching, blistering, pin point blood crusts.	Several days	Mites spread rapidly by contact from clothing or bedding. Until treatment has commenced.	
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Bad Cold	Coughing or sneezing.	While child is coughing or sneezing.	May pass germs in the pre-school services.	
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Early Childhood Ireland

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