

Address

Telephone numbers

Work

Home

Mobile

Contact 2.....

Relationship to child

Address

Telephone numbers

Work

Home

Mobile

Collection Authorisation

Authorised collector one

Name.....

Full address details (if different to above)

Contact telephone numbers

Work

Home

Mobile

Relationship to child

Authorised collector two

Name.....

Full address details (if different to above)

Contact telephone numbers

Work

Home

Mobile

Relationship to child

Password required for the collection of child by authorised person

Password.....

Emergency Treatment

To ensure that your child receives the best and most appropriate care, attention and treatment should an emergency or accident happen, you need to complete and sign the following declaration.

Declaration:

I give permission to the registered person (or authorized deputy) to take the necessary steps to ensure that (name of child) receives the best and most appropriate care, attention and treatment should an emergency or accident happen. I understand that every effort will be made to inform me of the accident or emergency as soon as possible, but they may need to accompany my child to the hospital in the case of a serious accident in my absence. I give permission for the person in charge to authorize hospital staff to administer essential treatment in my absence until my arrival.

Signed

Date

Blood Transfusion

I give / do not give permission to the registered person (or authorised deputy) to take the necessary steps to ensure that (name of child) receives a blood transfusion (if required) should an emergency or accident happen.

Signed

Date

Medical Details

Has your child been immunized against any of the following (tick and provide date) ?

- Diphtheria, Tetanus and Perussis (DTP) Date
- Whooping cough Date
- Meningococcal Type C Date
- Polio Date
- Measles, Mumps Rubella (MMR) Date
- HIBS Date
- BCG Date
- Hepatitis Date

Has the child's baby record book been seen to confirm immunization dates? Yes No

Has your child any on-going health problems or special needs (please specify) ?

Is your child allergic to anything (please specify) ?

Can you give training in application of medication (Epipen or Anapen) if necessary?

Yes No

For inhaler / Epipens only

I give permission for staff to administer the inhaler / Epipen or Anapen (supplied by me) to give (name of child) as instructed and to record its use.

Signed

Date

Doctors Details

Doctors name.....

Doctors address

Doctors telephone number

Health Visitor Details

Health visitor's name.....

Health visitor's address

Health visitor's number

Parental permissions (to be read and signed by parents)

Outings

I give/ do not give permission to the Nursery staff to take my child on an outing to the park or local amenity.

Signed

Date

Suncream

I give permission for staff to administer suncream (supplied by me) to (name of child)..... When necessary and to record its use.

Signed

Date

Calpol

I give permission for staff to administer Calpol and Sudafed (supplied by me) to my child (babies only) (name of child)..... when necessary and to record it's use.

Signed

Date

Teething Gel

I give permission for staff to administer teething gel (supplied by me) to my child (name of child) when necessary and to record its use.

Signed

Date

Pushchairs

I do/do not give permission for my child to sleep in a pushchair should the need arise

Signed

Date

Photographs and internet

As part of the on-going recording of our curriculum, we regularly take photos of the children during their play. These photos are used for display work and for your child's records within the nursery environment. We are happy to provide duplicates if requested. If you allow the nursery to use your Childs picture to be viewed on the web site please sign to say you give permission

I agree to allow my Childs picture and first name to be displayed on the nursery web site (optional)

SignedDate.....

Play areas are also monitored by the web cam system. This system allows parents and staff to observe children live at play. It is password protected.

We need your written permission to do this. If you are happy for your child to have their photo taken, to be viewed by the live web cam, and be in the occasional video, please sign below.

Signed

Date

Secure Email address for passwords and invoices to be sent to

.....

Animals

Occasionally the nursery may keep animals or have animals visit the nursery. The animals that may be kept on the premises may include hamsters, rabbits, guinea pigs or fish. Visiting animals may add to this selection of animals. All of these animals will be healthy and fully inoculated.

Please tick the following:

My child has no known allergies or aversions to animals

My child is allergic or has an aversion to animals

I have no objection to animals being kept on the premises

I have no objection to animals visiting the premises.

Signed

Date

Key Persons

Each child joining the nursery will have a key person appointed to them. It will be the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that your child's records are kept up-to-date. Your child's key person will change as your child progresses through the nursery. You will be notified of these changes.

If you have any problems, your child's key person is your first point of contact, unless you have a problem with your key worker, then you speak directly to the manager or deputy manager.

Your key person will be.....

About your child

Is English your main language?	Yes	No
If not, what language is spoken at home?		
Does your child need a bilingual support plan?	Yes	No
What religion does your family follow (if applicable)?		
How would you describe your family's cultural background?		

Are there any cultural or religious festivals that your child takes part in?

Does your child have any other nursery or childcare experience?

What are your child's sleep patterns?

Does your child have a feeding routine (under 2's only)?

What are your child's dietary preferences / restrictions?

Likes

Dislikes

Does your child need / want a pacifier (dummy)? Yes No

Does your child have any special toy or object that they like to take everywhere with them and that they might like to bring with them to nursery?

What does your child enjoy doing at home?

Do you have any special requests / requirements or background information on your child that may be useful for us or which you feel we should be made aware about?

Other background information on your child that may be useful for us for example, concerns or fears, brothers and sisters etc?

Have you read and agreed to the nursery's policies and procedures? Yes No

Have you been given a copy of the nursery policies and procedures? yes No

Please sign below to indicate that the information given is accurate and correct, and that you will notify us of any changes.

Parent / main carer name

Parent / main carer Signature

Date

Key person name

Key person signature

Date

Nursery manager name

Nursery manager signature

Date

Note: All this information will be kept confidential.