

Telephone Number _____

Details of Your People Authorised to Collect Child

(Excluding Parents)

Name _____

Address _____

Relationship to Child _____

Telephone Number _____

Name _____

Address _____

Relationship to Child _____

Telephone Number _____

Details of People Who can be Contacted in Emergency

Situations if Parents CAN NOT be Contacted

Name _____

Address _____

Relationship to Child _____

Telephone Number _____

Name _____

Address _____

Relationship to Child _____

Telephone Number _____

Medical and Immunisation Record

Name of Childs G.P. _____

Address _____

Telephone No. _____

AGE	VACCINE	DATE GIVEN**
Birth	B.C.G	
2 Months	6 in 1 and Men C	
4 Months	6 in 1 and Men C	
6 Months	6 in 1 and Men C	
12-15 Months	MMR and Hib	
Other		

** Please contact your G.P. if you are unsure of these dates.

Parental Consent for Medical Treatment

I/we hereby give my/our permission to the management of *Happy Feet Childcare* to act on my/our behalf in case of emergency or accident and to take such action as may be necessary for the benefit of my child.

Signed: _____

Parent/Guardian

Date: _____

Permission to be photographed

I/we hereby give my/our permission to the management of *Happy Feet Childcare* to photograph my child, under staff supervision. Photographs maybe displayed on notice boards within the preschool.

Signed _____ Parent/Guardian

Date _____

Permission for Outings

I/We hereby give my/our permission to the management of *Happy Feet Childcare* for my child to go on school outings/day trips with full supervision from the staff of *Happy Feet Playschool*.

Signed: _____ Parent/Guardian

Date: _____

Permission to change clothes

I/We hereby give my/our permission to the management of *Happy Feet Childcare* to change my child's clothes if necessary.

Signed: _____ Parent/Guardian

Date: _____

Permission to carry out Observations

I/We hereby give my/our permission to the management of *Happy Feet Childcare* to carry out written observations on my child.

Signed: _____ Parent/Guardian

Date: _____

