

CHILD NAME : _____

Health Details			
Doctor Name		Telephone	
Address			
Previous Contagious Diseases	Dates		
Allergies:			

Immunisation Details						
Polio		Whooping Cough		Asthma		
Measles		Tuberculosis		Other		
Rubella		Diphtheria		Other		
Mumps		Tetanus		Other		
Any other problems that we should know about? (Epileptic, diabetic, etc):						
Will Little Saints staff be required to administer medication? <small>ALL MEDICATION MUST BE MARKED CLEARLY FOR ADMINISTERING</small>					YES	NO
Any operations or accidents:						
Present health condition:		Any physical abnormalities:		YES	NO	
Is there any other information about your child that you feel would help us to ensure his / her well-being? For example; reminding about using the toilet, toys or activities they enjoy, recent upsets or changes, challenging behaviour, communication difficulties, if yes, please list below					YES	NO

- * I must inform crèche staff if my child has been in contact with any contagious diseases.
- * In the interest of health and safety of the other children at the crèche
- * I must remove my child if he/she has any contagious illness, including sickness and diarrhoea.
- * In the interest of health and safety of the other children, I must fully inform crèche staff of any special needs, allergies or requirements.
- * Medicine must have a GP label on them and even if my child is self-administering (Where crèche staff are expected to administer medicine a letter giving permission must be handed to crèche staff).
- * Verbal and physical abuse by a child towards other children, and staff members, will not be tolerated. Same as Staff will not use any ugly words or ways of teaching your Children.
- * We uplift children, however if kids do not listen, behaviour will be discussed with parents.
- * Little Saints staff cannot be held responsible for any of your child's items that are lost or left behind in the crèche. We ask that parents check that their child has all belongings with them at pick up time.
- * Little Saints staff have a duty to report any concerns about the welfare of a child to parents.
- * I agree to my child receiving support by a Little Saints staff member or if emergency services if required.

SIGN : _____

NAME : _____

DATE : _____