



**Head Office:** St Olaves  
 Kinsealy, Co.Dublin  
**Telephone:** (01)8666620  
**Email:** [info@linkschildcare.ie](mailto:info@linkschildcare.ie)  
**Web:** [www.linkschildcare.ie](http://www.linkschildcare.ie)

## CHILD RECORD FORM

**Part 1 of 2 (to be completed by parent/guardian prior to the child's 1<sup>st</sup> settling in day)**

Links Childcare has a responsibility under the Child Care Act 1991 (Early Years Services) Regulations 2016 to collect information relating to your child. This form should be signed by the parents/guardians of the child.

Please review the Child Application Form to ensure all information contained on it is correct and does not need to be amended.

### CHILD'S INFORMATION

Child's Name	..... .....	Date of Birth:	.....
--------------	----------------	----------------	-------

### PARENT/GUARDIAN WORKPLACE CONTACT DETAILS

Name of Parent/Guardian (1): .....

Name & Address of Workplace	..... .....	Contact No. of Workplace (Landline & Mobile)	..... .....
-----------------------------	----------------	--	----------------

Name of Parent/Guardian (2): .....

Name & Address of Workplace	..... .....	Contact No. of Workplace (Landline & Mobile)	..... .....
-----------------------------	----------------	--	----------------

### EMERGENCY CONTACT DETAILS (Who may be contacted in an emergency if parents are not available?)

Name of Contact (1):	.....	Relationship to Child:	.....
Contact (1) Address	..... .....	Contact (1) Mobile/Landline No.	.....
Name of Contact (2):	.....	Contact (2) Relationship to Child:	.....
Contact (2) Address	..... .....	Contact (2) Mobile/Landline No.	.....

### AUTHORISED PERSONS TO COLLECT CHILD CONTACT (1)

Name	.....	Relationship to child	.....
Address	..... .....	Contact Number	.....

### AUTHORISED PERSONS TO COLLECT CHILD CONTACT (2)

Name	.....	Relationship to child	.....
Address	..... .....	Contact Number	.....

### DOCTOR DETAILS

Name of Doctor:	Contact Number:	Address:
.....	.....	.....

### MEDICAL DETAILS

<b>Please outline any medical illnesses your child has</b>	Not Applicable <input type="checkbox"/> *This section is required to be completed if it differs from the Application Form ..... ..... Note Links Childcare Medical Care Plans may be required.		
<b>Does your child have any allergies?</b>	YES	NO	*If YES Care Plan must be completed by parent
<b>Does your child have any additional special needs?</b>	*This section is required to be completed if it differs from the Application Form Note: You may be required to complete separate care plans in respect of your child relating to their additional/special need. Please outline: ..... .....		
<b>Prescribed Medication</b>	Parents must sign and complete a medication form before prescribed medication is administered. Prescribed medication must clearly state child's name, dosage, route of administration, date and expiry date. We can only accept medicine that has the original pharmacy label and is written in the English language.		

### IMMUNISATIONS/VACCINATIONS

We ask Parents to supply copy of all vaccinations the child has received  If your child is not vaccinated we require you to sign a disclaimer form	<b>6 in 1(All)</b>	Yes	No	Date: .....	Vaccine(PCV)	Yes	No	Date: .....
	Pneumococcal Conjugate	Yes	No	Date: .....	Tuberculosis (B.C.G.)	Yes	No	Date: .....
	Meningococcal C (Men C)	Yes	No	Date: .....	Mumps / Measles /Rubella(MMR)	Yes	No	Date: .....
	Meningitis C	Yes	No	Date: .....	Oral Polio	Yes	No	Date: .....
	Haemophilus Influenzae B (HIB): Yes No Date: .....							



**Head Office:** St Olaves  
 Kinsealy, Co.Dublin  
**Telephone:** (01)8666620  
**Email:** [info@linkschildcare.ie](mailto:info@linkschildcare.ie)  
**Web:** [www.linkschildcare.ie](http://www.linkschildcare.ie)

	<p>I confirm that my child has been immunised on dates as above:</p> <p>Signed Parent(1):..... Date:..... Signed Parent(2): .....</p> <p>Date:.....</p> <p>OR</p> <p>I confirm that my child has been immunised but cannot access details of dates</p> <p>Signed Parent(1):..... Date:..... Signed Parent(2): .....</p> <p>Date:.....</p>
--	---

**PARENT/GUARDIAN SIGNATURES** (all parent/guardians are required to sign the Child Record Form)

Name of Parent/Guardian .....	Signatures of Parent/Guardian .....	Date .....
Name of Parent/Guardian .....	Signatures of Parent/Guardian .....	Date .....

**OFFICE USE**

Name of Parent/Guardian .....	Finger Image Number .....
Name of Parent/Guardian .....	Finger Image Number .....