

**Head Office:** St Olaves Kinsealy, Co.Dublin Telephone: (01)8666620 Email: info@linkschildcare.ie

Web: www.linkschildcare.ie

# CHILD RECORD FORM Part 2 of 2

# **PARENTAL CONSENT & AGREEMENT**

Agreement for iviedical Treatment
I hereby give consent to (name of child)receiving medical treatment if a doctor thinks it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered. In the event of an emergency an ambulance will be called. The parent will be contacted and informed about the emergency. A member of staff will go with the child in the ambulance to the hospital and wait until the parents arrive.
Signed Parent(1):
Agreement for Anti-febrile Medication
The service will only administer 'Calpol' (paracetamol) if a child becomes unwell, and has high temperature of 38°C or above. If a child has a high temperature the parent will be contacted before staff administers the temperature reducing medication. In the case where the parents are not contactable the staff will administer the medication once full consent has been given.  My child does / does not (please circle) have an allergy to anti-febrile medication.  I hereby give consent/ do not give consent to  (name of child)
Signed Parent(1):
Sun Cream Consent
We ask parent(s)/ Guardians to provide the service with sun hat and sun cream.
The service will encourage all children to wear clothes that provide good sun protection e.g. sun hats. The service will also encourage children to cover very exposed areas of the skin, such as shoulders.
We ask parent(s)/Guardians to bring in a labelled bottle of unopened sun-cream of at least 40 SPF. Staff will apply the sun-cream to children before they go outdoors.
I give permission for sun-cream to be applied to my child (name of child) from the labelled sun cream supplied. The sun cream will applied in the correct way all over the body and in the correct amount.
I will bring in an unopened and labelled bottle of sun-cream of at least 40 SPF. Please tick below:
To my knowledge my child is not allergic to sun cream brands
My child is allergic to specific sun cream brands. Please outline the brand names:
Signed Parent(1): Date: Signed Parent(2):
Witnessed: Date:
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## **Photography Consent**

We invite you to read our Policy on the Taking and Sharing of Photographs of Children available on our website at www.linkschildcare.ie. In the policy you will have discover the reasons we take photographs and how we safeguard your child's safety and privacy

Your child's photo will be used in his/her room as part of the daily routine and curriculum of the crèche. If however it is intended to share any of these activities in the Links Child care Newsletter or on our website/ social media platforms we request your permission here below. At no time will a child's name be used nor will his/her face be recognisable.

A typical photograph would appear similal	r to the photo on the right:	<b>经验证据证据的</b>
If you are happy for your child's picture to outlined above, please sign below giving u	·	as
We,	(please print names) ag	gree to allow photographs to be
Taken of purposes outlined in the Taking and Sharin		ame) and to be used by Links Childcare for the
Yes, I give Permission No, than	nk you, please exclude my child	
Signed Parent(1):	Date: Signed Parent(2):	Date:
Witnessed: Do	ate:	
	Email Consent	
I/We hereby give permission for Links Chil Record Form.	dcare to contact me/us by email, using	the email addresses provided in Part 1 of the Child
Signed Parent(1):	Date: Signed Parent(2):	Date:
Witnessed: D.	ate:	
Data Privacy -	Consent for Collection and Usag	e of your personal data
I have read the Service's Privacy Notice, and my child in this Registration form.	nd I understand the reasons for request	ting the personal information sought about myself
I consent to the collection and processing	of the data given, for these purposes, k	by Links Childcare.
I understand that I can request a copy of t	his information, and revise or withdraw	my consent by contacting the service at any time
Signed Parent(1):	Date: Signed Parent(2):	Date:
Witnessed: D.	ate:	Page 2 of 4
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Permission for Developmental Checks		
I/we give my/our permission for(child's name) to be observed by Links Childcare staff for		
the purpose of carrying out developmental checks.		
Signed Parent(1): Date: Date:		
Witnessed: Date:		
Permission for Outings		
(will apply to your child at after school age)		
I/we give my/our permission for(child's name) to partake in outings outside the creche grounds as part of the after school care programme.		
Signed Parent(1): Date:		
Witnessed: Date:		
Policies & Procedures		
I/we are aware that the Links Childcare Policies and Procedures are on the company's website: www.linkschildcare.ie.		
Signed Parent(1):		
Witnessed: Date:		
Other Information		

# **Separated and Divorced Parents**

Married parents are automatically joint guardians of their children. Neither separation nor divorce changes this.

By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement. An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months (applies to children born after 18 January 2016.)

- We cannot refuse either parent to collect their child unless a court order is in place.
- We ask that parents give us information on any person who does not have legal access to the child.
- Where custody of a child is granted to one parent, we would ask you to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there is any legal documents i.e. custody order, barring order we would ask you to provide us with a copy to keep on file.

### Please ensure the following documents are attached to the Child Record Form

Copy of immunisation record

### And if applicable

Medical Emergencies Care Plan / Other Care Plans & Dr/Consultant Notes

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ALL ABOUT ME (OPTIONAL)

We believe it is important to know as much as we can about a child before they start our service. Completion of the following
ection of this registration form is optional for parents and guardians, but we believe it helps us to get to know the child and help

settle a child into the service if we know things about them. This form will be issued into your child's childcare room, it will give the Educarers an excellent opportunity to get to know all about your child. Name of Parent(s) Does your child have any brothers or sisters? What are the names of other family members and other significant people close to the child? Do you have any pets? What languages are spoken at home? Has your child any previous experience of early childhood services/toy library/parent and toddler groups? Does your child have any play interests at the moment, or particular toys he/she likes to play with? What other things does your child show interest in or talk about? Does your child enjoy and get involved in imaginative type play and/or activities such as drawing, painting, puzzles, and building? Does your child enjoy books and listening to stories? Does he/she have any favourite rhymes, stories, videos or CD's? How do you comfort your child when he/she is upset? Does he/she need any comfort toys? Do you have any concerns or worries about your child's development? Is there any other information you would like us to know? Religion \_\_\_\_\_ Page 4 of 4