

# AFTER THE BELL CHILD REGISTRATION FORM

## CHILD AND PARENT / GUARDIAN INFORMATION



<b>CHLDS NAME:</b>		<b>DATE OF BIRTH:</b>	
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<b>START DATE</b>		<b>LEAVE DATE:</b>	
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**PLACE TYPE** (mark 'X' in preferred selection)

5 DAYS	
4 DAYS	
3 DAYS	
2 DAYS	

<b>DO YOU WISH TO TAKE PART IN THE NCS FUNDING SCHEMES? (Yes / No)</b>	
<b>HOURS PER DAY</b>	

<b>Other comments (for office use only)</b>

*This form should be signed by the parents/guardians in the areas with \* and witnessed by the Service Manager or Designated Person in Charge.*

<b>Parent/Guardian Name</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<b>Telephone / contact information</b>	(mobile)
	(work)
	(home)
<b>Email address</b>	

<b>Parent/Guardian Name</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<b>Telephone / contact information</b>	(mobile)
	(work)
	(home)
<b>Email address</b>	

**Who may be contacted in an emergency if parents are not available?**

<b>Name</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<b>Telephone / contact information</b>	(mobile)
	(work)
	(home)
<b>Email address</b>	

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## MEDICAL HISTORY AND CARE PLANS



<b>Family Doctor / GP (Name)</b>	
<b>Address:</b>	
<b>Contact Number:</b>	

<b>Medical history (Please outline any illnesses your child may have)</b>
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*NOTE Medical Care Plans may be required*

## ALLERGIES

<b>Does your child have any allergies? (Yes / No)</b>	
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If yes, please complete the Form Below

<b>What is the child allergic to?</b>	
<b>What is the nature of the allergic reactions?</b> <i>e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.</i>	
<b>What to do in case of allergic reactions, any medication used and how it is to be used?</b> <i>e.g. EpiPen</i>	
<b>Is Medication Used?</b>	
<b>Control measures – such as how the child can be prevented from contact with the allergen.</b>	
<b>Other Comments</b>	

## PRESCRIBED MEDICATION

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.

## AGREEMENT FOR MEDICAL TREATMENT

I hereby give consent to my child (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.

<b>Signed:</b>	<b>Date:</b>
<b>Witnessed by:</b>	<b>Date:</b>

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### AGREEMENT FOR ANTI FEBRILE MEDICATION

The service will only administer 'Calpol' (paracetamol) or Nurofen (Ibuprofen) if a child becomes unwell and has high temperature of 38°C or over. If a child has a high temperature the parent will be contacted before staff administer the temperature reducing medication and they will be asked to collect the child.

**My child does / does not have an allergy to anti-febrile medication. (circle appropriate response)**

I hereby give consent/do not give consent to (name of child) \_\_\_\_\_ to receive anti-febrile medication, in the event of a high temperature.

Signed:	Date:
Witnessed by:	Date:

### IMMUNISATIONS

Vaccine received (mark correct column with 'X')	Yes	No	Dates
6 in 1 (all)			
Pneumococcal Conjugate Vaccine (PCV)			
Meningococcal C (Men C)			
Mumps / Measles / Rubella (MMR)			
Haemophilus Influenza B (HIB)			
Oral Polio			
Meningitis C			

We ask Parents to supply a copy of all vaccinations the child has received

Copy of vaccination record attached? Yes [ ] No [ ]

I confirm that my child has been vaccinated on dates as above.

Signed:	Date:
Witnessed by:	Date:

I confirm that my child has been vaccinated but cannot access details of dates.

Signed:	Date:
Witnessed by:	Date:

Does your child have any additional special needs? *Note: You may be required to complete separate care plans in respect of your child relating to their additional/special need.*

If your child is not vaccinated, we require you to sign a disclaimer form.

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## SUN POLICY



We ask parent(s)/Guardians to leave a 'sunny day bag' with sun hats, sunglasses etc. in our service. All children will be required to wear a hat when playing outside in the sun. The service will encourage all children to wear clothes that provide good sun protection e.g. sun hats, sunglasses. 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 \_\_\_\_\_ from the labelled sun cream supplied. The sun cream will be 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.

<b>Signed:</b>	<b>Date:</b>
<b>Witnessed by:</b>	<b>Date:</b>

<b>I give consent to my child to...</b>	<b>Yes</b>	<b>No</b>
go on local outings		
have their photo taken (by camera, phone) and displayed within the service only		
be recorded on video		
have their photo uploaded to social media (if applicable)		
have their photo uploaded to our website (if applicable)		
eat birthday treats sent in from other parents (if applicable)		
access the internet under supervision		
display photographs within the setting (including group photographs)		
access educational video games under supervision		

While I / we do not give permission for our / my child [ insert name to be photographed ] / we confirm that in the event of a class photo or group photo being taken within the Service or at an outing or event organised by the Service, for the purposes of inclusion of my/ our child with his / her peers and / or members of staff that I / we consent my / our child being photographed with his / her peers and / or staff members for such a class photo or group photograph only, on the strict condition that his / her face be redacted prior to any publication of the class or group photo either on Social media or in hard copy.

**You may be asked to sign for other specific permission relevant to the service.**

<b>Signed:</b>	<b>Date:</b>
<b>Witnessed by:</b>	<b>Date:</b>

## CHILD PROTECTION

We have a moral and legal obligation to ensure that all children in our care are protected, and their health and welfare are safeguarded.

Our staff are mandated to report any concerns.

All staff in the service are vetted through the Garda vetting unit and have the correct qualifications to work with children. We act to protect children from harm, which may arise. It is our duty in this case to question the cause of any behaviour, bumps, bruises or unusual markings. Our main concern in the service is to safeguard and protect the welfare of children. We have a responsibility to identify report and record any suspicions of child abuse to Tusla the Child and family Agency. We have a responsibility to respond to all child protection concerns.

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### FLIGHT RISK

To enable us to carry out any necessary risk assessments, please disclose whether you are aware if your child could potentially pose a 'flight risk' (i.e. tendency to dart / run or seek opportunities to exit) while in the care of our Service.

Yes [ ]

No [ ]

### COLLECTION AUTHORISATION

I authorise the following people to collect my child \_\_\_\_\_ in the event of my absence. I acknowledge unless I have spoken to the Manager my child cannot be collected by any other person.

<b>Name</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<b>Telephone / contact information</b>	(mobile)
	(work)
	(home)
<b>Email address</b>	

<b>Name</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<b>Telephone / contact information</b>	(mobile)
	(work)
	(home)
<b>Email address</b>	

<b>Name</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<b>Telephone / contact information</b>	(mobile)
	(work)
	(home)
<b>Email address</b>	

I confirm that the above persons have been informed by me that their details have been shared with the service.

<b>Signed:</b>	<b>Date:</b>
<b>Witnessed by:</b>	<b>Date:</b>

### SEPARATED & 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

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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 that 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 are attached**

Copy of immunisation record

Photo of child, parent/guardian and other collectors

#### ***And if applicable***

Medical Emergencies Care Plan

Other Care Plans

Dr/Consultant Notes

### **DATA PRIVACY – CONSENT FOR COLLECTION & USAGE OF YOUR PERSONAL DATA**

Please ensure that all parents or guardians whose information has been supplied in this form read and complete the following.

I have read the Service's Privacy Notice, and I understand the reasons for requesting the personal information sought about myself and my child in this Registration form.

I consent to the collection and processing of the data given, for these purposes, by [Service name]

I understand that I can request a copy of this information, and revise or withdraw my consent by contacting the service at any time.

<b>Signed (parent / Guardian 1):</b>	<b>Date:</b>
<b>Signed (parent / Guardian 2):</b>	<b>Date:</b>

<b>Manager / Designated person's signature:</b>	<b>Date:</b>
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