

Child's record form

Child's full name:		Date of birth:
Home address:		Gender:
Home phone number:		Start date:
Child's first language:		Date ceased attending:
Child's siblings/close relations:		

Parents/Guardian details

Name:	Father:	Mother:
Workplace address:		
Mobile number:		
Work number:		
Contact email:		

People designated to collect your child other than Parent/Guardian

Name:		
Address:		
Contact number:		
Relationship to child:		

Emergency contact people other than Parent/Guardian

Name:		
Address:		
Contact number:		
Work email:		

Family Doctor

Name:	Contact number:
Address:	Contact email:

About your child

(Please provide any information that will enable us to get to know your child a little better, including likes, dislikes, favourite toy, favourite food etc.)

Immunisation Record

Age	Where	Vaccine	Date received
Birth	Hospital/Clinic	BCG (TB)	
2 Months	GP	6 in 1 + PCV	
4 Months	GP	6 in 1 + Men C	
6 Months	GP	6 in 1 + Men C + PCV	
12 Months	GP	MMR + PCV	
13 Months	GP	Men C + Hib	
4-5 Years	GP/School	4 in 1 + MMR	

Additional notes and/or needs

Does your child suffer from any medical conditions, illness, special needs, disability or allergies?	YES / NO
Please outline details including allergies to foods, medication or other.	
Does your child suffer from any physical/learning disabilities?	YES / NO
Please outline details:	
Does your child suffer from any hearing and/or speech difficulties?	YES / NO
Please outline details:	
Does your child have any specific dietary/cultural requirements?	YES / NO
Please outline details:	
Please outline details of any specific requirements your child may have that is not mentioned above:	
Additional notes/ reports in relation to the above mentioned are attached:	YES / NO

Parental consent form

The following relate to Herbert Montessori School policies and procedures and are available in full in our Parent handbook. Please read and sign each section.

1. Emergency medical care

I understand that every effort will be made to contact the named guardian or next of kin in the event of an emergency, requiring medical attention. However, if none of these can be contacted I hereby authorise Herbert Montessori School to transport my child to the Doctor's surgery/Hospital by ambulance or as necessary and to secure the necessary medical treatment for my child.

Patient number if the child attends any clinics/specialists:

Parent/Guardian's signature:	Date:
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2 Emergency medical treatment

I give permission for my child to be given appropriate medical treatment in the case of an emergency.

Parent/Guardian's signature:	Date:
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3. First Aid

I give permission staff trained in First Aid may administer First Aid to my child as appropriate.

Parent/Guardian's signature:	Date:
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4. Prescription Medication

I give permission for my child to be given administered prescribed medicines/inhalers/injectable adrenaline in accordance with the policies and procedures of the School.

Please note Parents will always be asked to complete a medical consent administration from prior to the medicines being given.

Parent/Guardian's signature:	Date:
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5. Antipyretic

I give permission for my child to be given appropriate temperature control medication if necessary (eg Calpol) in accordance with the policies and procedures of Herbert Montessori School.

Please note Parents will always be informed before administering medication to their child.

Parent/Guardian's signature:	Date:
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6. Permission to change clothes

I give permission for my child's clothes to be changed should the need arise (eg toileting accident)

Parent/Guardian's signature:	Date:
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7. Sun cream permission

I give permission for the application of sun cream to my child as outlined in the sun protection policy.

Parent/Guardian's signature:	Date:
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8. Access to animals/Insects

I give permission for my child to be in contact with or have supervised access to animals, insects or pets. Care will be taken to ensure that the health, safety and welfare of the child is not put at risk.

Parent/Guardian's signature:	Date:
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9. Outings

I give permission for my child to be taken on outings/walks outside the School grounds on the understanding that the adult/child ratio as recommended by the insurance company is adhered to at all times. I understand that necessary precautions will be taken to ensure my child's safety in accordance with the School outings policy.

Please note Parents will be given advanced notice of any planned outings.

Parent/Guardian's signature:	Date:
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10. Photo and video release

We regularly take photographs of the Children to document their progress, interests and learning and for the purposes of curriculum planning. These photos are emailed to parents throughout the year and included in our class learning journals and our Monthly newsletters. I give permission for Herbert Montessori School to email photographs of my child to other parents provided their child is also in the photograph, and for my child's photograph to be used in curriculum documenting, School yearbooks and newsletters.

Please note No images of any child will be shared publicly via social media or on our website.

Parent/Guardian's signature:	Date:
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11. Child observation permission

Observations are documented on a regular basis to ensure that the individual needs of children are being met. I give permission for child observations to be conducted in Herbert Montessori School as outlined in the school policies and procedures.

Parent/Guardian's signature:	Date:
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Parent/ School declaration

I have read and understand the above information. I will notify management of changes to any of the details in this form.

Parent/Guardian's signature:	Date:
Manager's signature:	Date: