

Child's Record Form

Service Name:

Start Date:

Name of Child:

Leaving Date:

Date Completed:



Under the Early Years Services Regulations (2016), our early years service is required to have specific information on your child, their family and emergency contacts. Each child is unique, and it is important we get to know your child, and their interests as this information will help with the settling in process and the care of your child.

Our Service's *Data Protection Policy* and *Privacy Notice* outlines how we store, access and dispose of personal data.

Parent/Guardian Agreement

I (Parent/Guardian's name) acknowledge the service is required to hold details and information on my child and our family. I am aware this is a requirement under the Early Years Services Regulations (2016).

I have read and received a copy of the *Service Privacy Notice* and I will inform the early years service regarding any details which change throughout my child's time within the early years service.

I/We consent to the processing of the data given in this form.

Parent/Guardian's signature:

Date: / /

Your Child's Details

Child's full name:

Date of birth: / /

Gender:

Home address:

.....

Child's first language:

If required, change of address:

.....

**Your Details
(Parent/Guardian)**

Name:

Relationship to child:

Primary language spoken:

Home address (if different to above):

.....

Mobile Number:

Contact email:

Workplace address:

.....

Work contact number:

Name:

Relationship to child:

Primary language spoken:

Home address (if different to above):

.....

Mobile Number:

Contact email:

Workplace address:

.....

Work contact number:

**Persons Authorised to collect
your Child (other than Parents)**

Name:

Address:

.....

Relationship to child:

Contact Number:

I consent to my information being held
on file:

.....(signed)

Date: / /

Name:

Address:

.....

Relationship to child:

Contact Number:

I consent to my information being held
on file:

.....(signed)

Date: / /

Consent from parent/guardian for child to be released to authorised person:
(signed)

Emergency Contacts

Name:.....
 Address:.....

 Relationship to child:
 Contact Number:
 I consent to my information being held on file:
(signed)
 Date: / /

Name:.....
 Address:.....

 Relationship to child:
 Contact Number:
 I consent to my information being held on file:
(signed)
 Date: / /

Medical Details of your Child

Name of Child's GP:.....
 Name of GP Surgery:.....
 Address of GP Surgery:.....

 Contact number:.....

Immunisation Record

	DATE(S) RECEIVED	DUE TO RECEIVE (✓) OR WILL NOT RECEIVE (x)
6 in 1		
PCV		
MENB		
ROTAVIRUS		
MENC		
MMR		
HIB		

Specific Requirements

In order for us to fully support your child, it is important that we know if he/she has any of the following:

Medical condition(s) ☐ Yes ☐ No
 Additional needs e.g. physical, intellectual ☐ Yes ☐ No
 Hearing or speech difficulties ☐ Yes ☐ No
 Allergies e.g. food, medicine, other pollutants ☐ Yes ☐ No
 Specific cultural/dietary requirements ☐ Yes ☐ No

If yes to any of the above, please outline details

.....

*If needed, a specific care plan will be developed to support your child.
 If you would like to include additional information, please attach separately.*

Help us to get to know your child

To help your child settle in, we need to get to know him/her, their family and the things which are important in their life. You know your child best, and we would love for you to share some of their stories and interests. This information will be shared with the educator working with your child.

Who does your child live with?

.....

Name of family members and others who have a close personal relationship in your child's life:

.....

.....

What interests does your child have?

.....

.....

What makes your child laugh?

.....

Can you give us suggestions to comfort your child if they become upset?

.....

Does your child have any special comfort objects?.....

.....

Are there any special words or phrases which your child uses that we need to know?

.....

.....

Is there anything in particular which may frighten or distress your child? e.g. clowns, spiders.....

.....

Are there any occasions/ celebrations that you would like us to celebrate? e.g. birthdays, religious festivals, cultural festivals

.....

Please outline details and special requirements/needs if any that your child may have (that is not mentioned above):

.....

.....

.....

****If needed, please provide additional pages.***

Parent/Guardian Medical Consent

The Early Years Services Regulations (2016) requires parental/guardian consent for appropriate medical treatment should the need arise.

Parents/Guardians will always be asked to complete a medical consent administration form prior to prescription medicines being given in the early years service.

1. Emergency Medical Treatment

I give permission for my child to receive appropriate medical treatment in the event of an emergency as outlined in the early years service policies:

☐ Yes ☐ No

2. Temperature Reducing Medication (*Antipyretic / Anti-Febrile Medication*)

In the event where parents/guardians cannot be contacted, I give permission for my child to receive temperature reducing medication as outlined in the early years services administration of medication policy:

☐ Yes ☐ No

If yes,

3.1 To the best of my knowledge, my child **does not** have an allergy to temperature control medication (e.g. Calpol)

☐ Yes ☐ No

3. Sun Cream Permission

I give permission for sun cream supplied by the early years service to be applied to my child:

☐ Yes ☐ No

I will notify the early years service as soon as possible if my child is diagnosed with an infectious disease e.g. *measles, viral meningitis, diphtheria, whooping cough*.

I will notify the early years service regarding any prescription medication for my child.

I have read the early years services policies and procedures relating to medical care. I understand the above and have consented/ not consented to the treatment for my child.

I will notify management of changes to any of the details.

Parent/Guardian's signature: Date: / /

Early years service use only

Section	Complete (✓/✗)	Section	Complete (✓/✗)
Children's details		Specific Requirements	
Parent's details		Help us get to know your child	
Persons Authorised to collect		Medical Consent	
Emergency Contacts		Additional consents e.g photo consent, outing consent	
Medical Details of the Child			

Comments:

Managers signature: Date: / /

Information updated: (1) / / (2) / /

While the information is considered to be true and correct at the date of publication, changes after the time of publication may impact on the accuracy of the information.

Information on infectious diseases

Diseases	Early Symptoms	Usual Incubation Period	Period when infectious	Minimum period of Exclusion	Advice
Measles	Cold, cough fever or chill. Sore eyes, white spots in mouth (1-2 days). Rash after 2-3 days on face, weak chest.	8 – 15 days	From a few days before the running nose and head cold to 7 days after rash appears.	7 days from appearance of rash.	It may be advisable to temporarily exclude unvaccinated children who may be incubating measles.
German Measles (Rubella)	May have fever, sore throat, stiff neck. Rash after 1–2 days usually start on face.	14 – 21 days usually 12 days	From 7 days before to at least 4 days after rash appears.	7 days from appearance of rash whilst unwell.	Very dangerous for pregnant mothers. Notify ALL mothers and advise consulting their doctor.
Whooping Cough	Fever and catarrh for approx 1 week before cough develops.	7 – 14 days	From 7 days after exposure to 21 days after whooping.	21 days from beginning of whooping cough.	Antibiotics may reduce the period of infectiousness.
Mumps	Fever, sore throat, dry mouth, pain when chewing.	12 – 25 days	From 7 days before swelling appears to 9 days after afterwards.	5 days from appearance of rash.	
Chicken Pox	May be a slight fever, headache, nausea, spots appear on 2nd day, starting on the back.	11 – 21 days	Until scabs are dry, usually 5-7 days from onset of rash.	5 days from appearance of rash.	
Conjunctivitis	Sore eyes, inflamed discharge or watering.	1 – 3 days	Contagious. Spread by rubbing of eyes or other contact.	Until discharge or inflammation has cleared or until they have had antibiotics for 48 hours.	
COVID-19	Fever, dry cough, fatigue, cold/flu symptoms.			7 days after positive test or 48 hours after all symptoms are gone.	Check latest guidance on HSE.ie

Information on infectious diseases

Diseases	Early Symptoms	Usual Incubation Period	Period when infectious	Minimum period of Exclusion	Advice
Lice and Nits	Itching of head.		Contagious until treated.	Until treated.	All parents to be asked to treat children as a precaution.
Impetigo	Blisters, spreading at edges which are raised, thick yellow crust when blisters break.		Contagious, spread by hands and contact with objects.	Until skin is completely healed.	Check the use of sand, water, and play dough. Wash all dressing up clothes.
Ringworm	(Body) Round red areas with a raised border.	10 – 11 days	Contagious, spread by scratching and material under fingernails.	Until treated.	
Scabies	Intense itching, blistering, pin point blood crusts.	Several days	Mites spread rapidly by contact from clothing or bedding.	Until treatment has commenced.	
Bad Cold	Coughing or sneezing.		While child is coughing or sneezing.		May pass germs in the pre-school services.



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