

ALBANY LEISURE & AQUATIC CENTRE

Child & Medical Information Form



Childs Name	
First Name	Surname
Date of Birth	Age
Parents Name	
First Name	Surname
Address	
Telephone / Mobile	Email
Immunisation Card Sighted by Crèche Staff	YES NO Staff to circle and initial
Important information relating to caring for your child	
Include details of toileting requirements e.g. nappies or toilet training; any allergies or other special requirements.	
Medication	
Include details of any medication the child is taking.	
Administering medication is the responsibility of parents – not crèche staff. However, this information may be required in the case of an emergency.	
Emergency Contacts	
Please provide the name of another adult contact in the case of an emergency.	
First Name	Surname
Address	
Telephone / Mobile	Email
Doctor Emergency Contact	
Clinic Name	
Dr Name	Telephone
Acceptance of conditions of use	
<ul style="list-style-type: none"> • I accept that I must remain within the centre while my child attends the crèche. • I understand that I am at all times responsible for my child while he / she attends the crèche. • I understand that I must immediately return to the crèche if requested to do so by crèche staff. • I consent to medical treatment being obtained for my child in an emergency. • I consent to photos/images of my child being taken by staff at The City of Albany for promotional and publicity purposes. I confirm I am authorised to give this consent. Please circle YES NO 	
Signature	Date