

# ALBANY LEISURE & AQUATIC CENTRE

## Child & Medical Information Form



<b>Childs Name</b>	
First Name	Surname
Date of Birth	Age
<b>Parents Name</b>	
First Name	Surname
Address	
Telephone / Mobile	
Email	
<b>Important information relating to caring for your child</b>	
Include details of toileting requirements e.g. nappies or toilet training; any allergies or other special requirements.	
<b>Medication</b>	
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.	
<b>Emergency Contacts</b>	
Please provide the name of another adult contact in the case of an emergency.	
First Name	Surname
Address	
Telephone / Mobile	
Email	
<b>Doctor Emergency Contact</b>	
Clinic Name	
Dr Name	Telephone
Acceptance of conditions of use	
<ul style="list-style-type: none"> <li>• I accept that I must remain within the centre while my child attends the crèche.</li> <li>• I understand that I am at all times responsible for my child while he / she attends the crèche.</li> <li>• I understand that I must immediately return to the crèche if requested to do so by crèche staff.</li> <li>• I consent to medical treatment being obtained for my child in an emergency.</li> </ul>	
Signature	Date