

CHILD INFORMATION SHEET

Surname
Surname
Postcode
Email

IMPORTANT INFORMATION RELATED TO CARING FOR YOUR CHILD

Include toileting requirements (nappies, toilet training), any allergies and any other special requirements.

MEDICATION

Provide all details of medications your child is taking. Administering medication is the responsibility of the parent (not creche staff). This information is collected in case of an emergency only.

EMERGENCY ADULT CONTACT

Name of alternate adult contact, in case of emergency.

First name

Address

Postcode

Surname

Phone

Email

ACCEPTANCE OF CONDITIONS OF USE

- I accept I must stay within the Bold Park Aquatic facility while my child attends creche.
- I understand I must immediately return to the creche to attend to my child should I be requested to do so by creche staff.
- I understand I am at all times responsible for my child while he/she attends the creche.
- I consent to medical treatment being administered to my child in the case of an emergency.

SIGNATURE

MEDICATIONS





215 The Boulevard, City Beach, Western Australia 6015 Phone 08 9385 8767 | Email bpac@cambridge.wa.gov.au www.boldparkaquatic.com.au