

POSITIVE PARENTING PROGRAM

NOTICE TO PARENTS USING CRÈCHE FACILITIES

Please complete a sheet for each child attending the crèche.

Dear Parents

Please be aware that the Department of Education are offering crèche facilities for your child whilst you are attending the Triple P parenting workshops.

We will provide Education Assistants to care for your child and a room appropriate for a crèche and public liability insurance, however, **we do not** carry and **are not** providing personal accident insurance cover.

Please sign below to confirm you understand and accept these conditions.

Signature _____ Date: _____

A contact number for further information is 92951072.

Karen Paton
TRIPLE P KEY CONTACT

CHILD INFORMATION

NAME OF CHILD	
First Name	Surname
PARENT'S NAME	
First Name	Surname
Address	
Telephone	Mobile
IMPORTANT INFORMATION RELATING TO CARING FOR CHILD	
Include details of toileting requirements (eg nappies or toilet training) and 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 ADULT CONTACT	
Please provide the name of another adult contact in the case of an emergency.	
First Name	Surname
Address	
Telephone	Mobile
ACCEPTANCE OF CONDITIONS OF USE	
<ul style="list-style-type: none">• I accept that I must stay within close proximity of the crèche while my child attends.• 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 to attend to my child should I be requested to do so by crèche staff.• I have read the <i>Crèche Care Information Sheet</i> and understand and accept the conditions of using the crèche.• I consent to medical treatment being obtained for my child in an emergency.	
Parent Signature	Date