



## INFORMATION FORM

### TOM POUCE DAY-CARE CENTRE

Last name, first name of the child: .....

Date of birth ...../...../.....      Weight: .....

#### PARENT OR LEGAL GUARDIAN

Last name(s) and first name(s): .....

Address: .....

.....

Contact number: ..... / .....

Email address: .....

#### MEDICAL INFORMATION

Allergies: .....

Dietary requirements: .....

Medical equipment (e.g. glasses, hearing aid)/Medical conditions/Disabilities:

.....

#### VACCINATIONS

**For children born before the 01/12/2018** DTaP (diphtheria, tetanus, pertussis) and IPV (polio)

Yes  No  Date of last vaccination ...../...../.....

**For children born after the 01/12/2018** (diphtheria, tetanus, poliomyelitis, pertussis, haemophilus influenzae type b, hepatitis B, pneumococcus, measles, mumps, rubella, meningitis C)

Yes  No  Date of last vaccination ...../...../.....

**WITHOUT PROOF OF THE VACCINATIONS, THE CHILD CANNOT BE WELCOMED IN THE DAYCARE CENTRE**

#### **AS PART OF OUR COVID-19 PROTOCOL, YOU COMMIT/AGREE TO NOT LEAVING YOUR CHILD IF...**

- He/she has **a fever of over 38°** or any other infectious symptoms (feverish cough, diarrhea, vomiting, etc.)
- He/she has **tested positive for COVID-19**
- He/she is considered as "contact at risk" (person having been in prolonged contact (> 15 mins), intrafamilial, repeated contacts and/or without effective protection)

## **MEDICATION**

I, the undersigned ....., authorise the person in charge to administer to my child who weighs ..... Kilograms without prescription the following medications :

**In the case of a fever:** DOLIPRANE 15mg/kg                      Yes       No   
(Permission granted by telephone in case of fever will be necessary before administration)

**In the event of a fall/shock:** ARNICA granule / gel                      Yes       No

**Wound cleaning:** DIASEPTYL/ BIASEPTINE                      Yes       No

The child must follow a treatment whilst at Tom Pouce                      Yes       No

If yes, which one? .....

(A mandatory valid prescription, the box of medicine in its original packaging marked with the child's name, instructions and, if necessary, an explanatory letter signed and dated)

## **Authorisation to leave the building and activities**

I allow my child to leave the centre for walks and outdoor activities:                      Yes       No

I authorise my child to have his/her face painted:                      Yes       No

## **Last name and first name of people likely to pick up my child:**

..... Phone number: .....

..... Phone Number: .....

## **IMAGE RIGHTS**

Using photos for internal display:                      Oui       Non

Using photos for brochures or internet:                      Oui       Non

(Facebook, Instagram and the Day-care's website)

## **RESPONSIBILITY RELEASE**

I, the undersigned ....., legal guardian for .....

declare the information on this form to be correct.

authorise the manager of the Tom Pouce Day-care Centre to take, if necessary, all measures (medical treatment, hospitalisation, surgery, blood transfusion) made necessary by the child's condition.

have read, understood and approved without problem the internal regulations for the Tom Pouce Day-care Centre.

have read, understood and accept the general conditions of sale.

Date:

Signature: