

The Parent or Guardian of the child should complete this form. Information will be confidential to the Centre. These details will be used should your child require emergency medical attention.

| | | |
|----------------------------|------------------------------------|-----------------------|
| Parent Surname | Parent First Name | University Department |
| Child Last Name | Child First Name | |
| Male / Female | Date of Birth | |
| Address | | |
| Postcode | | |
| Booking/Work Email Address | Work Telephone Number | |
| Home Telephone Number | Mobile Number in Case of Emergency | |

Booking Request - 5th October 2019

| Session | Times | Booking (Please Tick all sessions required to cover your intended working hours) |
|-------------------|--|--|
| Morning Session | 8.15am - 11.30am (Breakfast -Toast Served 8.15am - 9.00am) | |
| Lunch Session | 11.30am - 1.30am Parents / carers to provide a healthy packed lunch for their child. | |
| Afternoon Session | 1.30pm - 5.45pm (Tea Toasted teacakes & Fruit Served at 3.00pm) | |

| | |
|---|------------------------|
| General Health Information | Please provide details |
| Any on going illness/condition | |
| Medication | |
| Special Dietary Requirements | |
| Special Cultural Requirements | |
| Identified any Additional Needs | |
| Allergies | |
| Family Doctor - Name Telephone number and Address | |

Parent Approval / Permission Information

Emergency Medical Treatment / First Aid

I agree to my child receiving emergency medical treatment / first aid, including anaesthetic and blood transfusion as considered necessary by the medical authorities present in the event that I am unable to be contacted.

Parent Name Parent Signature Date

Paediatric Suspension (Paracetamol) Administration / Permission

I give permission for my child to receive Paediatric Suspension, dosage according to age, when required. I understand that where possible verbal permission will be sought prior to administration. Parents will be asked to sign medication forms to acknowledge medicine has been given.

Parent Name Parent Signature Date

Face Painting

I grant permission for my child to have their face painted. (Please note we only use branded / professional face paints.)

Parent Name Parent Signature Date

Open Day at Bright Beginnings

Children attending will be provided a space within a specific age range (where possible) 0-2 years, 2-3 years, 3 -4 years.. Areas will be allocated on arrival at the centre. Each area accommodates up to 24 children.

Activities
Various play activities and experiences will be provided to meet the individual age ranges catered for. These may include :- face painting, art and craft sessions, messy play - sand and water experiences, outdoor play activities - in our gardens, all areas of our centre maybe accessed by the children supported by our experienced team.

Completed Forms
Please return your completed form to Bright Beginnings email **brightbeginnings@leeds.ac.uk** denoting 'University Open Day Childcare Request' or by post to 'Bright Beginnings Childcare Centre, Off Mount Preston Street LS2 9NQ' **by Friday 27th September**. Please note a paper copy signed by your department head/ manager must be supplied.

If you have any other questions or queries please contact the Centre on 0113 3431818

Booking Request Authorised by

| | |
|---|--|
| Head of Department/ Manager Name | |
| Signature | |
| Date | |

Safeguarding

Bright Beginnings has a clear commitment to safeguarding children and promoting welfare. We have a duty to the children, parents/carers and staff to act quickly and responsibly in any instance that may come to our attention. This would involve contacting Leeds Safeguarding Board and investigating further any suspicions around abuse.