

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.

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

### Booking Request - Saturday 12th September 2015

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 (Lunch Cottage Pie + Seasonal Vegetables & Fruit Yoghurt Served at 12.00 noon)	
Afternoon Session	1.30pm - 4.30pm (Tea Assorted Vegetarian Sandwiches & Fruit Cookie Served at 3.00pm)	

<b>General Health Information</b>	Please provide details
Any on going illness/condition	
Medication	
Special Dietary Requirements	
Special Cultural Requirements	
Identified any Additional Needs	
Allergies	
<b>Family Doctor</b> - 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 0-2 years, 2-3 years, 3-4 years and school age children and over. Areas will be allocated on arrival at the centre. Each area accommodates up to 24 children and the space for school age children can accommodate up to 32 places.

**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 garden and field areas, all areas of our centre maybe accessed by the children supported by our experienced team. Electronic games, pool, table tennis, football table etc. can be accessed by the older children in 'Zone' our space designed for older children.

**Completed Forms**  
Please return your completed form to Gillian Marsden at Bright Beginnings Childcare Centre, Mount Preston Street **by Wednesday 9th 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 Angela Hynes by email on [a.c.hynes@leeds.ac.uk](mailto:a.c.hynes@leeds.ac.uk)

**Booking Request Authorised by**

<b>Head of Department/ Manager Name</b>	
<b>Signature</b>	
<b>Date</b>	

**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.