

## Registration Form for Laochra Academy

Child's Details	
Child's full name:	
PPS:	
Date of birth:	
Gender:	
Home address:	
Date of Commencement:	

Parent/Guardian Details	
Name:	Name:
Relationship to child:	Relationship to child:
Primary language spoken:	Primary language spoken:
Home address (if different to above):	Home address (if different to above):
Mobile number:	Mobile number:
Email:	Email:
Workplace address:	Workplace address:
Workplace contact number:	Workplace contact number:

Persons Authorised to Collect your Child <i>(other than parent)</i>	
Name:	Name:
Relationship to child:	Relationship to child:
Home address (if different to above):	Home address (if different to above):
Mobile number:	Mobile number:

Emergency Contacts	
Name:	Name:
Relationship to child:	Relationship to child:
Home address (if different to above):	Home address (if different to above):
Mobile number:	Mobile number:
Workplace contact number:	Workplace contact number:

Medical Details of your Child	
Name of Child's GP:	
Name of GP Surgery:	
Address of GP Surgery:	
Contact number:	

Specific Requirements	
In order to fully support your child, it is important we know if he/she has any of the following: Please circle your answer:	
Medical Conditions	Yes/ No
Additional needs e.g physical/intellectual:	Yes/ No
Hearing or Speech difficulties:	Yes/ No
Allergies e.g. food, medicine, other pollutants:	Yes/ No
Specific cultural/dietary requirements:	Yes/ No
If you answered <b>yes</b> to any of the above please give details here:	
<p><i>If you would like to include additional information about your child please attach separately.</i></p>	

## Parent Consent form

The National Quality Guidelines for School Aged Childcare Services (2020) requires parental/guardian consent for appropriate medical treatment should the need arise.

### 1. Emergency Medical Treatment:

I give permission for my child to receive appropriate medical treatment in the event of an emergency as outlined in the school aged childcare policies.

Yes

No

### 2. Temperature Reducing Medication:

In the event where parents/guardians cannot be contacted I give permission for my child to receive temperature reducing medication as outlined in the school aged service administration of medication policy:

Yes

No

If yes, to the best of my ability my child does not have an allergy to temperature control medication (e.g. Calpol)

Yes

No

### 3. First Aid

I authorise that staff trained in First Aid may administer First Aid to my child as appropriate:

Yes

No

### 4. Sun Cream Permission:

I give permission for sun cream supplied by the school aged service to be applied to my child.

Yes

No

I will notify Laochra Academy as soon as possible if my child is diagnosed with an infectious disease.

I will notify Laochra Academy regarding any prescription medication for my child.

I understand the above and I have consented/not consented to the treatment for my child.

I will notify management of changes to any details.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DATA CONSENT FORM

I, [Parent/Representative/Legal Guardian Name], \_\_\_\_\_ confirm that  
[Child's name(s)] \_\_\_\_\_

\_\_\_\_\_ are below the age of 16 years old and I am hereby consenting on his/her behalf that Laochra Academy can process personal data and the sensitive personal data relating to [Children's names] \_\_\_\_\_ for registrations and for the care of your children.

This record of consent will be saved in your children's file and retained for a period of two years after your children have left our service. I am aware that I may withdraw the consent of [Children's names] \_\_\_\_\_ at any time by using the "PARENTAL CONSENT WITHDRAWAL FORM."

Signed by Parent/Representative/Legal Guardian,  
Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_



FORM TO BE SIGNED BY PARENT/GUARDIAN

SCHOOL: Killygarry National School

PARISH: St. Felim's Diocesan Trust

SCHOOL YEAR: 2023/2024

ACTIVITIES: After School Care

INDEPENDENT CONTRACTOR: Laochra Academy Ltd.

1. I (Name) \_\_\_\_\_  
Of (address) \_\_\_\_\_  
\_\_\_\_\_

am the Parent/Legal Guardian of (Name of Minor) \_\_\_\_\_

2. I confirm that my child will take part in the above activities being provided by the above named Independent Contractor.

I acknowledge that these activities are conducted and provided by an Independent Contractor and not by or on behalf of the Board of Management of the school or by the Trustees of the School and/or Parish and I understand and confirm that it has been made clear to me that no liability whatsoever will attach to or be accepted by the Board of Management of the said school or the Trustees of the School and/or the Parish for any neglect, action, default whatsoever of the said Independent Contractor his/her servants, agents or invitees arising in any way out of or connected with this activity.

SIGNED: \_\_\_\_\_ Parent/Guardian

DATED: \_\_\_\_\_



## Photograph Consent Form

Child's name(s) \_\_\_\_\_

Date completed \_\_\_\_\_

Throughout the year in Laochra Academy we take photographs to document children's learning, development and achievements. Photographs of your child are only taken with your permission. While we have parent/guardian consent, we also respect your child's right to privacy and consent to having their photo taken. Photographs taken will be for the use of Laochra Academy and parents. Photographs taken to document children's learning are shared for inspection purposes with Department of Education Early Years Inspectors and Tusla Early Years Inspectors. We will not share photographs with other third parties without your consent. We aim to minimise the potential for misuse by having effective safeguards in place to protect children.

Please see the service's policies for further details on our procedures on storage, retention time and removal of photographs.

Please circle **yes or no** below to indicate if you wish to provide consent or not.

1. I give permission for my child's photograph to be used within Laochra Academy for display purposes.

**Yes**

**No**

2. I give permission for my child's photograph to be used in printed publications such as newsletters or leaflets.

Yes

No

3. I give permission for my child's image to be used on Laochra Academy's website (when it is set up).

**Yes**

**No**

4. I give permission for my child's image to be used on the social media accounts of Laochra Academy such as facebook and instagram.

**Yes**

**No**

Parent/guardian signature (1) \_\_\_\_\_

Parent/guardian signature (2) \_\_\_\_\_

Date: \_\_\_\_\_

I understand that I can withdraw my consent or request to see photographs taken at any time.

I understand that additional consent will be obtained should images be taken or used by a third party, used in publicity materials or in the media.

This form is valid for the duration of your child's time at our early years setting. The consent will automatically expire after this time. It is your responsibility to let us know if you want to withdraw or change your consent at any time.