

Child's Doctor	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies:	
Is your child up to date with immunisations? (Please provide verification of all immunisations)	Tick one <input type="checkbox"/> Yes or <input type="checkbox"/> No
Specify any allergies	
For staff: Immunisation records sighted and details recorded:	
	Tick one <input type="checkbox"/> Yes or <input type="checkbox"/> No

Category (i) Medicines	
A category (i) medicine is a non-prescription (such as arnica cream, calendula, savlon, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.	
Note: The service must provide specific information about the category (i) preparations that will be used.	
Do you approve category (i) medicines to be used on your child?	Tick one <input type="checkbox"/> Yes or <input type="checkbox"/> No
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪	▪
▪	▪
Parent/Guardian Signature:	Date: / /

Category (ii) Medicines	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.	
I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.	
Parent/Guardian Signature:	Date: / /

Category (iii) Medicines	
For staff: Individual health plan sighted and a copy taken:	
	Tick one <input type="checkbox"/> Yes or <input type="checkbox"/> No
Name of medicine:	
Method and dose of medicine	
When does the medicine need to be taken (state time or specific symptoms)	
Parent/Guardian Signature:	Date: / /

Privacy Statement
We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.
We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.
Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.
You can find more information about national student numbers at: eli.education.govt.nz

Administration Records		Enrolment Agreement Form		
Child's details:				
Child's official surname or family name:				
Child's official given name:				
Child's official other names / middle names:(please separate names with a comma):				
Name your child is known by / preferred name:				
Surname / family name:			Given name:	
Copy of official identity verification document* collected by staff:				
<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport				
<input type="checkbox"/> Other _____			Staff initials:	
Child's date of birth: dd / mm / yyyy		Male	<input type="checkbox"/>	Female
			<input type="checkbox"/>	
Child's ethnic origin/s:				
Iwi your child belongs to:				
Language/s spoken at home:				
Child's primary residential address:				
Postcode:				
Parents / Guardians:				
1. Given names:		2. Given names:		
Surname / family name:		Surname / family name:		
Address:		Address:		
Post Code:		Post Code:		
Phone (Home):		Phone (Home):		
Phone (Work):		Phone (Work):		
Phone (Mobile):		Phone (Mobile):		
Email:		Email:		
Relationship to the child:		Relationship to the child:		
Emergency Contacts (other than Parent/Guardian – must be able to pick up your child)				
1. Given names:		2. Given names:		
Surname / family name:		Surname / family name:		
Address:		Address:		
Post Code:		Post Code:		
Phone (Home):		Phone (Home):		
Phone (Work):		Phone (Work):		
Phone (Mobile):		Phone (Mobile):		
Email:		Email:		
Relationship to the child:		Relationship to the child:		

