Zash Daycare

Child Consent and Health Form

Child Profile

Full Name of the Child		
Age	ID No	Date of Birth
Nationality	Gender: Male ☐	Female ☐
Permanent Address	Resident Address	

Family Back ground

Parents Status: Married ☐ Divorced ☐ Widowed ☐ Single ☐

Father

Name	Permanent Address
Temporary Address	Contact Number
Nationality	Level of Education
National ID Card Number	Place of work/Designation

Mother

Name	Permanent Address
Temporary Address	Contact Number
Nationality	Level of Education
National ID Card Number	Place of work/Designation

Guardian(if different from above) Father

Name	Permanent Address
Temporary Address	Contact Number
Nationality	Level of Education
National ID Card Number	Place of work/Designation

Is the child living with Father and Mother: Yes / No

If No with whom is the child living with----------Relationship to the child----------

Emergency Contact

Name:	Contact Numbers	Relationship to the child
Name:	Contact Numbers	Relationship to the child
Name:	Contact Numbers	Relationship to the child

Childs Health Record

Have the child been immunised: Yes / No
Any known Allergies (if yes please specify)Yes/No

Medical conditions----------
Any food Allergy----------
Any Disabilities ----------
Attention-Deficit/Hyperactivity Disorder----------
Autism----------
Behavioural problems----------

Developmental Delay----------
Speech or communication problems ----------
Difficulty in Vision (if yes please specify) Yes /No

Difficulty in Hearing (if yes please specify) Yes/ No
Asthma or breathing problems----------
Describe any other important health-related information about your child----------
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Please help us to know your child better.

Does the child needs help in Eating----------
Does the child needs help in Sleeping----------
Does the child needs help in Toileting----------
Does the child needs help in showering----------
Does the child needs help in doing Homework------
Does the child needs help with Quran----------
Does the child requires Teaching----------
Daily Activities of the child----------
Is the child bringing separate toiletries----------

Is the child using Toiletries provided by Day care---
He/ She is scared of----------
He/ She likes----------
He/ She Dislikes----------
Her/ His Habits----------
Her/ His Favourites----------
Her/ His Self-soothing strategies----------
Is the child having food provided by Day care-------
Is the Child bringing separate food----------

Desired Time

Less than or equal to 2 hrs. ☐ Less than or equal to 4 hrs ☐

Less than or equal to 6 hrs ☐ More than 6 hrs ☐

I give permission to :

Take photo of the child - Yes ☐ No ☐

Use it on social media for Advertisement purposes -Yes ☐ No ☐

Declaration by the Parent/ Guardian

I hereby declare that the information given in this form is true and valid to the best of my knowledge and would inform the school if there is any change

Parent/ Guardian ---------- Signature---------- Date----------

The information collected is private and confidential. The data will be used for record keeping and will be accessed by authorised personnel of Zash Daycare only, and will not be shared with any authority unless and until legally implicated.

For Office Use Only

Form Received by:	Signature:
Date:	Time:

*Please attach a copy of the students ID Card along with this form.