

Client Information & Authorisation Form

Please note any **allergies, dietary requirements** (formula or milk bottles, prohibited foods etc) **routines, location of nappies, dummies/pacifiers/toys, special needs** etc. Also, note anything else you think may assist your children and their carer during their time together.

Child's Name	Age	Special Notes

Medication

Where possible, we prefer you to administer any medication your child may need prior to your departure. Should we need to give medication, please leave detailed instructions in writing below. Medication will NOT be administered without your written instruction.

Child's Name	Medication Details

A Carer will not remove a child from accommodation unless there is *written consent* allowing the child to participate in outdoor activities as listed below:

Name of Client/Parent

Date

Signature of Client/Parent

Contact Telephone No.