

2. FOIRM MEADAIGEACH

Medical form

Lìonaibh am foirm seo agus cuiribh ur làmh ris far a dh'iarrar.

Please complete this form and sign where required.

Fiosrachadh a' phàiste *Child's Details*

Ainm
First name

Cinneadh
Family name

Latha breith
Date of birth

Clas
Class

Fiosrachadh Èiginn *Emergency Contacts*

Feumaidh sinn co-dhiù **tri** àireamhan-fòn eadar-dhealaichte a ghabhadh cleachdadh ann an suidheachadh-èiginn tron **latha**:

*Please provide at least **three different**, **daytime** telephone numbers that may be used in the event of an emergency:*

Neach-aithne
Contact

Fòn (latha)
Phone (daytime)

Neach-aithne
Contact

Fòn (latha)
Phone (daytime)

Neach-aithne
Contact

Fòn (latha)
Phone (daytime)

Neach-aithne
Contact

Fòn (latha)
Phone (daytime)

Fiosrachadh Meadaigeach a' phàiste *Child's Medical Details*

A bheil coir mheadaigeach aig ur pàiste am bu chòir fios a bhith againn? Ma tha, leigibh fiosrachadh dhuinn an seo:

Does your child have any medical conditions we should know about? If yes, please give details:

Am feum ur pàiste cungaidhean-lèighis a ghabhail gu cunbhalach? Ma dh'fheumas, leigibh fiosrachadh dhuinn an seo:

Does your child have to take regular medication? If yes, please give details:

A bheil aileirdidh sam bith aig ur pàiste? Ma tha, leigibh fiosrachadh dhuinn an seo:

Does your child have any allergies? If yes, please give details:

Innsibh dhuinn gu h-ìosal mu chùis sam bith air am bu chòir fios a bhith againn.

Please provide any additional information we should know concerning your child.

Fiosrachadh Dotair an Teaghlaich *Family Doctor's Details*

Dotair
Doctor

Fòn
Phone

Seòladh
Address

Còd-puist
Postcode

Cead a' Phàirint/Neach-cùraim *Parental/Caregiver Permission*

Ainm is cinneadh ur pàiste / *Your child's full name*

Latha breith / *Date of birth*

Tha mi a' dearbhadh gum faod luchd-obrach Òganan Dhùn Èideann ciad-fhuasgladh a thoirt do mo phàiste mas riatanach e.

I consent to Òganan Dhùn Èideann staff administering first aid to my child if required.

Ma dh'fheumas mo phàiste cùram meadaigeach, tha mi a' dearbhadh gum faod luchd-obrach a' charbaid-eiridinn agus an ospadail leigheasadh a thoirt seachad.

In the case of my child needing medical attention, I agree for any treatment to be given by ambulance or hospital personnel.

Tha mi a' dearbhadh gum faod dealbhan-camara a chleachdadh san ionad airson taisbeanaidhean, obair-ealain, etc.

I agree to photographs of my child being used within the setting for displays, art work, etc.

Tha mi a' dearbhadh gum faod dealbhan-camara a chleachdadh airson sanasachadh, mar eisimpleir air an làrach-lìn agus ann am bileagan agus duilleagan.


I agree to photographs of my child being used in advertising, such as on the website and in brochures and flyers.

Tha mi a' dearbhadh gum faod mo phàiste dol air cuairtean goirid, mar eisimpleir, do phàirc san sgìre. Tha mi a' tuigsinn gum bi bun-tomhasan cearta eadar inbhich agus clann gan cumail agus gun tèid an sgrùdadh airson cunnart a sheachnadh.

I agree to my child taking part in short trips, for example, to the local park. I understand that the correct ratio of adults to children will be maintained and are risk assessed.

Tha mi a' dearbhadh gum faod mo phàiste coimpiutair Òganan Dhùn Èideann agus goireasan an eadar-lìn a chur gu feum fo shùil luchd-obrach Òganan Dhùn Èideann. Tha mi a' tuigsinn gum bi a h-uile làrach-lìn freagarrach don chlann san t-seòmar a-rèir aois.

I agree to my child having access to Òganan Dhùn Èideann's computer and internet facilities, with supervision from Òganan Dhùn Èideann staff. I understand that all internet sites will be suitable for the age range of the children in the room.

 **Ur làmh *Signature***

Dèit *Date*

Ur n-ainm ann an litrichean mòra
Your name in block capitals

Son tuilleadh fiosrachaidh agus ri clàradh *For booking and enquiries:*

Òganan Dhùn Èideann, Bun-sgòil Taobh na Pàirce,

139 Bonnington Road, Edinburgh, EH6 5NQ

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