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Date of submission	Jul 15, 2025 12:01
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The following information has been submitted from the Inner West Council:

Email:	gabby.patava@gmail.com
Child's D.O.B.:	Sep 11, 2024
Child's first name:	Heather
Child's surname:	Bedak Patava
Parent / Guardian:	Gabriella
Parent / Guardian's surname:	Patava
Address:	2A 96-98 Carlton Crescent
Suburb:	Summer Hill
Daytime contact details:	0420976513
Emergency contact person (other than yourself):	Miles Bedak-Stone
Emergency contact phone number:	0412213557
The following person has permission to collect my child:	Miles Bedak-Stone
Relationship:	Father
Phone number:	
Please tick the appropriate box in relation to your child.	
Is your child immunised?:	Yes
Please note information about immunisation status is only to identify children more at risk if there was an outbreak of a disease that can be prevented by immunisation.	
Is your child currently taking any medication?:	No
Please list any medication being taken:	
Does your child have additional needs? (Please note if 'yes' you must complete the creche additional needs form):	No
Please list any additional needs:	
Does your child have any allergies? (Please note if 'yes' you must complete the creche additional needs form):	No
Please list any allergies:	
How did you hear about the creche?:	Word of mouth
By submitting this form you are confirming that you give Applied First Aid trained creche staff permission to administer first aid and/or seek medical attention for your child.	

Creche