

Parent Consent Form

In order for us to provide the best possible care for your child and to comply with your wishes we require you to complete the form below. Please tick all boxes that apply and then sign at the bottom.

Authorized persons to collect child from nursery

I/We authorize the following persons to collect our child from nursery.

1st Name: _____ Relation: _____ Telephone: _____

2nd Name: _____ Relation: _____ Telephone: _____

3rd Name: _____ Relation: _____ Telephone: _____

Photography

Whilst your child is in nursery we will be taking photographs for a variety of different purposes.

Please indicate which of the following you give your consent to:

- Nursery Website
- Social media.
- Nursery's Display Boards.
- Nursery's Promotional Literature – Brochure, Press Releases, Advertising

Field Trips

We will take the children for educational and recreational trips outside nursery premises. The chosen area for this trip will be adequately risk assessed and children will be under constant supervision.

I/We agree to allow our child to participate in school outings and trips.

Do you allow your child to participate in the following?

- Child appropriate cooking classes.
- Nursery Events, Religious Celebrations and Birthday Parties.

Examination by physician

The nursery contracted physician will perform timely examinations on your child, focusing on general health, growth and wellbeing.

I/We agree to allow the nursery physician to examine our child.

Special Educational Needs

From time to time we may wish to talk to our Special Educational Needs Co-Ordinator about your child. We will always feedback any information to you.



I/We agree to Nursery staff discussing our child with the SENCO.

Emergency Policy

In the event of an emergency, if the Nursery is unable to contact any of the parents the child will receive First Aid by Nursery staff and if necessary be transported to the nearest Health Care Facility:

I/We agree to allow the nursery to adopt the above policy in case of any emergency.

Medication Policy

The school nurse may feel the need to administer the following medication/products according to manufacturer/ physician's written instructions. Do you allow the nurse to administer the following?

ADOL

First Aid Ointment

Parents Name: Parents: _____

Date: _____

Signature: _____