Nether Heyford Pre-School

Consent Form

Name of Child:

Date Completed:

|  |
| --- |
| **OUTINGS CONSENT** |
| I give permission for my child to be taken out for supervised walks and play sessions with Nether Heyford Village as part of the daily activities of the setting. This includes using the enclosed playground equipment on the village green and the equipment at Bliss School’s outdoor classroom. Further written consent will be requested for any outing outside of Nether Heyford. |
| SIGNED: |
| DATE: |
| RELATIONSHIP TO CHILD: |

|  |
| --- |
| **PHOTOGRAPHY AND OBSERVATION RECORDS CONSENT** |
| I understand that in line with Ofsted requirements, my child will be observed and monitored as part of their development planning. This will include taking photos and occasional use of video. All records will be kept strictly confidential. I give my permission for my child to be observed, photographed and/or videoed as part of their development monitoring. |
| SIGNED: |
| DATE: |
| RELATIONSHIP TO CHILD: |

|  |
| --- |
| **PHOTOGRAPHY AND VIDEO RECORDING AT PRE-SCHOOL SPECIAL EVENTS CONSENT** |
| I understand that it is pre-school policy to allow parents to record special milestones in their child’s development. I am aware that pre-school will give permission to parents/carers to take photos of their children, which are implicitly for their own personal use, at pre-arranged pre-school events, ie – The Nativity. I give my permission for my child to attend these events with the knowledge that other parents might be taking photos of their child. I agree to ensure that all images I take at the events will be of my child only, will be for my personal use and will be used appropriately. I will ensure that any images I upload to social media will be of my child only. |
| SIGNED: |
| DATE: |
| RELATIONSHIP TO CHILD: |

|  |
| --- |
| **FOOD/EATING TREATS CONSENT** |
| I give permission for my child to eat treats and sample foods brought into the setting as part of a special celebration, ie – Diwali. I understand that staff will be aware of any allergies as identified in my child’s registration form and care will be taken to ensure that only appropriate foods will be given. |
| SIGNED: |
| DATE: |
| RELATIONSHIP TO CHILD: |

|  |
| --- |
| **SUN CREAM APPLICATION FORM** |
| I give permission for pre-school staff to apply sun cream during the summer months. I agree to provide a suitable sun cream labelled with my child’s name. I understand that children should attend pre-school with sun cream already applied so the need for re-application is minimal. In exceptional circumstances, pre-school will apply a suitable sun cream from their own supply and will seek permission from parents/carers before doing so. |
| SIGNED: |
| DATE: |
| RELATIONSHIP TO CHILD: |

|  |
| --- |
| **SHARING INFORMATION WITH OTHER PROFESSIONALS CONSENT** |
| I understand that every child has a right to have their individual needs met. In order to do this, I give permission, when it is necessary, for staff to talk and share information with outside agencies, other professional bodies or settings your child has attended. Wherever possible, we will always discuss with you in the first instance, any information that needs to be shared except in Child Protection cases where it is judged that the child may be at further risk. |
| SIGNED: |
| DATE: |
| RELATIONSHIP TO CHILD: |

|  |
| --- |
| **ADMINISTERING MEDICATION CONSENT** |
| I understand that pre-school staff will only administer medicine prescribed by the child’s doctor, where it would be detrimental to the child’s health if not given in the setting. I understand that the pre-school will only administer prescribed medicines – this means medicine such as calpol will not be administered to children. I understand that I will need to complete a specific medication form prior to administering any medication to my child at the pre-school. |
| SIGNED: |
| DATE: |
| RELATIONSHIP TO CHILD: |

|  |
| --- |
| **MEDICAL EMERGENCY CONSENT** |
| I give permission for a suitably qualified first aider to administer first aid to my child, or take my child to accident & emergency, or call for medical assistance and to sign on my behalf any consent forms required by medical authorities, if they know it would not be advisable to wait for my own signature. I do this knowing that every reasonable effort has been made to locate me and that my child’s medical needs are paramount to the situation.  Please note: In the event of a child being injured or taken ill at pre-school, a member of staff will immediately attempt to contact the child’s mother, father or carer. If unable to make contact, staff will then try the emergency contacts you have nominated. If a child needs to see a doctor, we will use our nominated GP Surgery - Bugbrooke Surgery. At least one member of staff will accompany the child and we will use our nominated taxi company - Bounds Taxis.  If a child needs to go to hospital then an ambulance will be called. At least one member of staff will accompany them. |
| SIGNED: |
| DATE: |
| RELATIONSHIP TO CHILD: |

|  |
| --- |
| **TELEVISION AND FILM CONSENT** |
| I give my permission for my child to watch U & appropriate PG rated tv programmes and films on Netflix, DVD and On Demand services. |
| SIGNED: |
| DATE: |
| RELATIONSHIP TO CHILD: |