**Parental Permission For St. Francis School**

Child’s Name: D.O.B:

Please could you read and sign to give your permission for the following (if appropriate)

**Transportation/Collection from school**

I agree for my child/ren to be transported by a staff member in their car using a suitable car seat or booster seat.

Name: ……………………………………………………… Date: ………………………………..

I agree for my child/ren to sit in the front passenger seat using a suitable car seat or booster seat with the air bag disabled.

Name: …………………………………………………….. Date: …………………………………

**Allergies**

I agree that I have informed *Rebecca’s* of all food allergies and other allergies that my child has and take all responsibility for any reactions to foods not listed.

Name: ……………………………………………………… Date: ………………………………..

**Sun Protection**

I agree for my child/ren to be applied with sun protection cream by a staff member as and when required (to be supplied by parent).

Name: ……………………………………………………… Date: ………………………………..

**Photographs**

I agree that staff members at *Rebecca’s* may take photographs of my child/ren undertaking activities whilst in their care. These will be displayed in a learning Journal/Scrap book at the club.

Name: ……………………………………………………… Date: ………………………………..

**Publications/Website**

I agree/disagree that my child/childrens images can be included in:-**Website/Publications for Rebecca’s/Learning Journal/Scrap book/Facebook** I understand I will be given a copy of all photographs taken if requested.

Name: ……………………………………………………… Date: ………………………………..

**Outings**

I consent for my/our child(ren) to play outside in the playground area and occasionally be taken out as a part of the daily activities of the setting. I/We understand that our further consent will be requested for outings away from the site.

Name: ……………………………………………………… Date: ………………………………..

**Information Sharing**

I agree for staff to share information with other professional bodies and educational settings if this is necessary for the safety, protection and/or education of my child but also understand that I will be informed**\***.

Name: ……………………………………………………… Date: ………………………………..

\*Except in Child Protection cases where it is judged that the child may be placed further at risk. **First**

**Aid**

I agree for a staff member to administer first aid as necessary on any minor injuries that occur and I understand that I will always be informed after this has occurred and will sign the accident book to witness it.

Name: ……………………………………………………… Date: ………………………………..

**Administration of Medicine**

I consent for any staff member at *Rebecca’s* to administer prescribed medicine to my child whilst they are at the setting, as directed by myself in accordance with the completed medicine administration form. I will always be informed before this is undertaken.

Name: ……………………………………………………… Date: ………………………………..

**Emergency Action**

I consent for any staff member at *Rebecca’s* to call an ambulance or take my child to the nearest Accident and Emergency department to be examined, treated\* or admitted as necessary on the understanding that l/we have been informed at the earliest opportunity and are on my/our way to the hospital.

Name: ……………………………………………………… Date: ………………………………..

\*Please state if there are any exceptions to this i.e. blood transfusions and give

details………………………………………………………………….……………………………………