Parental Permission for Holiday Club

**Child’s Name:** **D.O.B:**

Please could you read and sign to give your permission for the following:

**Allergies**

If applicable - 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: ………………………………..

**Gaming devices**

I agree that Rebecca’s have no liability for any damage/loss to electronic devices that do not belong to Rebecca’s (i.e. Ipads, Nintendo DS, PSVita, etc). No mobile phones will be allowed in the setting. We only let children play for ½ an hour in the morning and afternoon.

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

**Sun Protection**

I agree for my child 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 undertaking activities whilst in their care.

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

**Publications/Website:**

I agree/disagree that my child/childrens images can be included on:-

**Website, facebook /Publications for Rebecca’s Scrap book**

I understand I will be given a copy of all photographs taken if requested.

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

**Films**

Occasionally we will watch U rated films. I agree/disagree that my child/children can watch these films.

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

**Disclaimer: (Bouncy Castle) The guidelines are always at the reception table, and are for the safety of all children using this equipment: Rebecca’s staff ensure the special conditions are fully adhered to at all times.**

Our company cannot accept any Responsibility for any injury caused to anyone using this equipment.

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 if this is necessary for the safety and protection 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 / Calpol 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. All medicines to be provided by parents/carers and taken home at the end of each day.

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

**Transportation**

In the event of an emergency I agree for my child to be transported by a staff member in their car using a suitable car seat or booster seat.

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………………………………………………………………….………………………………………………………………………………

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