



# 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. I pads, 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 I/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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