



Parental Permission Kings Rd

Child's Name:

D.O.B:

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

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:

Publications/Website

Please cross through I agree/ disagree: that my child images can be included on

Website, facebook, Instagram, Publications for Rebecca's Learning Journal, Scrap book

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

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:

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

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. These will be displayed on the information table at the club.

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. I agree for staff to provide an attendance list to the schools so the school is fully informed about who is attending *Rebecca's* and when.

Name: Date:

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:

Administration of Calpol or Piriton

I consent for any staff member at Rebecas to administer Calpol or Piriton if experiencing a high temperature or allergic reaction. We will follow instruction on medication.

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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