



## Parental Permission Scantabout

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 form 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. All medicines to be provided by parents/carers and taken home at the end of each day.

**Name:** ..... **Date:** .....

**Administration of Calpol or Piriton**

**I consent for any staff member at Rebeccas 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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