

## Star Day Nursery Consent Forms

Child's Name: \_\_\_\_\_

### **EMERGENCY TREATMENT CONSENT FORM**

I/We give consent for staff of Star Day Nursery to accompany my/our child \_\_\_\_\_ (child's name) to hospital and/or act in loco parentis in the event of emergency medical treatment being required.

|                        |                   |  |
|------------------------|-------------------|--|
| Signed:                | <hr/> <hr/>       |  |
| Print Name:            | <hr/> <hr/>       |  |
| Relationship to child: | <hr/> <hr/>       |  |
| Date:                  | _____/_____/_____ |  |

### **MEDICAL CONSENT FORM**

I/We give consent for staff of Star Day Nursery to administer medicines to my/our child \_\_\_\_\_ (child's name) supplied in their original container as prescribed by my/our GP.

|                        |                   |  |
|------------------------|-------------------|--|
| Signed:                | <hr/> <hr/>       |  |
| Print Name:            | <hr/> <hr/>       |  |
| Relationship to child: | <hr/> <hr/>       |  |
| Date:                  | _____/_____/_____ |  |

### **NON PRESCRIPTION MEDICINE CONSENT FORM**

I/We \_\_\_\_\_ confirm the following:

\* Understand that I/We must supply non prescription medicine (e.g. Calpol) in the form of sachets should I/We require staff to administer such medicines.

\* I/We understand that Star Day Nursery will not administer any medicine to my/our child unless I/We have supplied them.

I/We would like Star Day Nursery to: (please tick)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Administer non prescription medicines (e.g. Calpol) supplied by me/us <b>without</b> telephone consent of parents/emergency contacts. |
| <input type="checkbox"/> | Telephone a parent or emergency contact number <b>before</b> non prescription medicines (e.g. Calpol) is administered.                |
| <input type="checkbox"/> | Not administer any non prescription medicines whilst in the care of Star Day Nursery.   |

|                        |                   |  |
|------------------------|-------------------|--|
| Signed:                | <hr/> <hr/>       |  |
| Print Name:            | <hr/> <hr/>       |  |
| Relationship to child: | <hr/> <hr/>       |  |
| Date:                  | _____/_____/_____ |  |

## OUTINGS CONSENT FORM

As part of the nursery curriculum, the nursery will arrange local visits and walks in the neighbourhood to support children's learning and experiences. For example they could learn about different kinds of food and cooking ingredients during a trip to a supermarket, or collect objects of interest for a collage or table display during a walk in the park.

For your child to take part in such activities we require the written permission from their parent/carer.

Adult ratios will be higher than normal on these occasions.

Please note that separate letters and permission slips will be sent out for planned visits and trips further a field.

Childs name: \_\_\_\_\_

I/We give permission for my/our child to go on outings and walks whilst in attendance at Star Day Nursery to enhance their learning and development opportunities.

**OR**

I/We **DO NOT** give permission for my/our child to go on outing whilst in attendance at Star Day Nursery.

|                        |                   |
|------------------------|-------------------|
| Signed:                | _____             |
| Print Name:            | _____             |
| Relationship to child: | _____             |
| Date:                  | _____/_____/_____ |

## PHOTOGRAPHY CONSENT FORM

I/We give permission for \_\_\_\_\_ (child's name) photograph to be displayed within the nursery.

I/We give permission for \_\_\_\_\_ (child's name) photograph to be displayed on the nursery website.

I/We give permission for \_\_\_\_\_ (child's name) photograph to be used in newsletters.

|                        |                   |
|------------------------|-------------------|
| Signed:                | _____             |
| Print Name:            | _____             |
| Relationship to child: | _____             |
| Date:                  | _____/_____/_____ |

## **OBSERVATION CONSENT FORM**

I/We

confirm the following:

\* Give permission for Star Day Nursery staff to carry out general development observations on \_\_\_\_\_ (child's name) for the purpose of recording development.

\* I/We understand access to all observations and development records on \_\_\_\_\_ (child's name) are available on request at any time, should I/We wish to see them.

|                        |                   |
|------------------------|-------------------|
| Signed:                | _____             |
| Print Name:            | _____             |
| Relationship to child: | _____             |
| Date:                  | _____/_____/_____ |

## **SUNCREAM CONSENT FORM**

I/We

confirm the following:

\* Understand that I/We must supply sun cream for \_\_\_\_\_ (child's name) if application is required during the summer months.

\* Give permission for Star Day Nursery staff to apply sun cream I/We have provided as necessary.

|                        |                   |
|------------------------|-------------------|
| Signed:                | _____             |
| Print Name:            | _____             |
| Relationship to child: | _____             |
| Date:                  | _____/_____/_____ |