

Stoughton Pre-School Consent Form



Name of Child: _____

Date Completed: _____

Outings Consent

I give permission for my child to be taken out for supervised walks and play sessions on Stoughton Recreation Ground as part of the daily activities of the setting. This includes using the enclosed playground equipment on the Recreation Ground. Further written consent will be requested for any outings located off the Recreation Ground.

SIGNED: _____

DATE: _____

RELATIONSHIP TO CHILD: _____

Photography and Observation Records Consent

I understand that in line with Ofsted requirements, my child will be observed and monitored as part of their development planning. This will include the taking of photos and occasional use of video. All records will be kept strictly confidential. I give permission for my child to be observed, photographed and/or videoed as part of their development monitoring. I also give permission for photos of my child to be used in pre-school displays, newsletters, the Pre-School website, staff coursework and other activities related to the running of the Pre-School.

SIGNED: _____

DATE: _____

RELATIONSHIP TO CHILD: _____

Eating Treats Consent

I give permission for my child to eat treats brought into the setting to celebrate special occasions, and to sample foods if the Pre-School has had a cooking session. I understand that staff will be aware of any allergies (as identified my child's registration form) my child might suffer from and that care will be taken to ensure that only appropriate treats/foods will be given.

SIGNED: _____

DATE: _____

RELATIONSHIP TO CHILD: _____

Administering Medication Consent	
I understand that Stoughton Pre-School staff will only administer medicine prescribed by a child's doctor, where it would be detrimental to the child's health if not given in the setting. I understand that the Pre-School will only administer prescribed medicines. This means that medicine such as Calpol or Nurofen will not be administered to children. I understand that I will need to complete a specific Administering Medication Form prior to the administering of any medication to my child at the Pre-School.	
SIGNED:	
DATE:	
RELATIONSHIP TO CHILD:	

Medical Emergency Consent	
I give permission for a suitably qualified First Aider to administer First Aid to my child, or take my child to Accident and Emergency, or call for medical assistance and to sign on my behalf any consent forms required by medical authorities, if they know that it would not be advisable to wait for my own signature. I do this knowing that every reasonable effort has been made to locate me and that my child's medical needs are paramount in this situation. Please note that in the event of your child being injured or taken ill whilst at Stoughton Pre-School, a member of staff would immediately attempt to contact the child's Mother, Father or carer. If unable to make contact, staff would then try the emergency contacts you have nominated. If a child needs to go to hospital than an ambulance will be called. A member of staff will accompany the child and take the child's profile with them.	
SIGNED:	
DATE:	
RELATIONSHIP TO CHILD:	

Photography and Video Recording at Pre-School Special Events Consent	
I understand that it is Stoughton Pre-School policy to allow parents to record the special milestones in their child's development. I am aware that the Pre-School will give permission to parents and carers to take photos and videos of their children, which are implicitly for their own personal use, at pre-arranged pre-school special events. I give permission for my child to attend these events, with the knowledge that other parents might be taking photos/videos of their child. I agree to ensure that all images I take at these special occasions will be of my child only and will be for my personal use and will be kept securely and used appropriately.	
SIGNED:	
DATE:	
RELATIONSHIP TO CHILD:	

Sharing Information with Other Professionals Consent	
I understand that every child has the right to have their individual needs met. In order to do this, I give permission, when it is necessary, for staff to talk to and share information with outside agencies, other professional bodies or settings your child has attended. Wherever possible, we will always discuss with you in the first instance, any information that needs to be shared except in Child Protection cases where it is judged that the child may be placed further at risk.	
SIGNED:	
DATE:	
RELATIONSHIP TO CHILD:	

Sun Cream Application Consent	
I give permission for Stoughton Pre-School staff to apply sun cream to my child if required during the summer months. I agree to provide a suitable sun cream, labelled with my child's name. I understand that children should attend pre-school with sun cream already applied so the need for re-application is minimal. Stoughton Pre-School will not provide sun creams, due to the possibility of allergies, under any circumstances.	
SIGNED:	
DATE:	
RELATIONSHIP TO CHILD:	

Please ensure that a completed Registration Form, a signed copy of the Consent Form, a signed copy of the Pre-School Terms and Conditions and a non-refundable registration fee of £30 (no fee required for FEET Children) is sent to the below address. Cheques made payable to Stoughton Pre-School.

Stoughton Pre-School, 27 Johnston Walk, Guildford, GU2 9XR