



PARENTS CONSENT FORM

Name of Child:

Please sign to give your consent to the following. If you do not wish to consent to any of the following procedures, please talk to a member of staff who will discuss alternatives with you.

Photographs - You give your consent for your child’s Key Person to take written and photographic observations of your child in order to monitor his/her developmental progress.

Signed: Date:
 Print Name:

You give your consent for photographs of your child to be used on ‘Tapestry’ your child’s online learning journal and keeping records of your child’s progress online, these are all held on a secure platform and can not be seen by anyone except Preschool staff and yourself.

Please note: No photos will be used for publicity without parent’s consent being given on a separate consent form.

Photos will be taken by Preschool staff only.

Signed: Date:
 Print Name:

You give your consent for photographs of your child to be displayed on our Preschool website and Facebook page.

Photos will be taken by Preschool staff only.

(Please circle)

I am happy for you to use my child’s picture on the website	Yes	No
I am happy for you to use my child’s picture on Trull Saplings Preschool Facebook page	Yes	No
I am happy for you to show the back of my child’s head but not their face on the website	Yes	No
I am happy for you to show the back of my child’s head but not their face on Trull Saplings Preschool Facebook page	Yes	No
I would rather my child does not appear on the website	Yes	No
I would rather my child does not appear on Trull Saplings Preschool Facebook page	Yes	No

Signed: Date:
 Print Name:



You give your consent for photographs of your child to be displayed around the Preschool room on photo boards.

Please note: No photos will be used for publicity without parent's consent being given on a separate consent form.

Photos will be taken by Preschool staff only.

Signed: Date:

Print Name:

Outside Activities - You give your consent for your child to participate in outside activities, playing in the park (behind Trull School), walking to Trull School for visits, using Trull School's playground, using Trull School's forest area, walks to the local amenities, the Post Office, Trull Stores, Church etc.

Signed: Date:

Print Name:

Mobile Phone - You give your consent for your emergency contact numbers that you have provided to be stored on the designated Preschool mobile phone 07565934041. This mobile phone is taken out with our staff when we leave the Preschool setting. The mobile phone is pin protected so your details will be secure. The mobile phone does not have a camera installed on the device and will only be used by staff members in an emergency.

Parent 1 Signature: Date:

Print Name:

Parent 2 Signature: Date:

Print Name:

Parent 3 Signature: Date:

Print Name:

First Aid - You give your consent for 'hypoallergenic' plasters to be used.

Signed: Date:

Print Name:

In the case of an emergency it is the responsibility of the staff to get medical aid for your child, this being the local doctors, ambulance or hospital. Once in the hands of the medical profession they take on the responsibility for administering emergency aid. We will try to contact you at once. Please sign to state that you agree to this statement (full procedure is available in the Health & Safety Policy in the Policies Handbook in the lobby)

Signed: Date:

Print Name:



Parent Consent Form 2018-2019

Medication – This will only be administered with parent’s permission, all parents will be asked to complete the medication book when medicine will be administered and staff will sign when medicine has been administered. Parents will then sign to confirm that they have been notified that the medicine was administered at what time, dosage etc. Please sign to state that you agree to this statement (full procedure is available in the Health & Safety Policy in the Policies Handbook in the lobby)

Signed: Date:
Print Name:

Inhalers – Parents can leave inhalers at the Preschool; they must be clearly labelled and will be kept in a locked cabinet. Parents will be asked to sign the medication book to say that this is on-going treatment. When staff administers the inhaler, they will note this in the medication book. Parents will be asked to sign to confirm that they are aware the child used their inhaler. Please sign to state that you agree to this statement (full procedure is available in the Health & Safety Policy in the Policies Handbook in the lobby)

Signed: Date:
Print Name:

Sunscreen - During the hotter months, Trull Saplings Preschool follows the procedures stated within our Sunscreen and Protective Summer Clothing Policy, to keep the children sun safe whilst enjoying the warmer weather (the full procedure is available in the Policies Handbook in the lobby)

You give your consent for (Please circle):

Staff to apply the Preschool’s in-house sunscreen	Yes	No
If No , please state reason for not using the in-house sunscreen		
Please state the specific brand of sunscreen you will be supplying		
Staff to apply supplied named bottle of sunscreen stated above to my child in setting	Yes	No

Signed: Date:
Print Name: