

Consent Form

Please sign the individual consents below so that we can keep them on file for the duration of your child's attendance at The Island Day Nursery.

Child's Name: _____ Date of Birth: _____

Permission to take my child off The Island Day Nursery premises:

I give my permission for staff to take my child off Nursery premises for a trip to the shops or local park.

Signed: _____ (Parent/Guardian) Date: _____

Have you ever given Calpol to your child (we will not administer Calpol if you have not in case of any allergic reaction) - YES/NO. Please sign below if Calpol has been used before with no adverse reaction and you are happy for us to continue this medication.

I give my permission for The Island Day Nursery staff to administer Calpol for treatment of a high temperature if I/We cannot be contacted on our emergency numbers.

Signed: _____ (Parent/Guardian) Date: _____

Permission for head lice check:

Due to current legislation we are unable to check children for these occasional visitors without prior parental consent.

I give my permission for The Island Day Nursery staff to check my child for head lice. I understand that if any lice or eggs are found, I will be contacted immediately.

Signed: _____ (Parent/Guardian) Date: _____

First Aid/Emergency Treatment:

In the event of an accident during the Nursery day, every attempt will be made by staff to contact a parent or guardian. Should this prove impossible, any immediate treatment which may be required will be given by a member of staff, doctor or local hospital, whichever is the most appropriate.

I give my permission for any immediate medical treatment to be given to my child if the school is unable to contact me in the event of an accident.

Signed: _____ (Parent/Guardian) Date: _____

Use of My Child's Image:

I give my permission for authorised members of staff to take photographs of my child to be used in The Island Day Nursery displays within the Nursery environment.

Signed: _____ (Parent/Guardian) Date: _____

Permission to apply sun cream:

I give my permission for The Island Day Nursery staff to apply sun cream to my child.

Signed: _____ (Parent/Guardian) Date: _____