

Little Treasures Child Permission Form



Child's Name: _____

DOB: _____

Please sign below to give consent for the following, if you disagree please place a strike through the box:

	Signature to Agree:	Date Signed:
I give permission for a first aid trained member of Little Treasures staff to administer my child any first aid as necessary, call an ambulance and if necessary contact or take my child to hospital or the doctor, on my behalf and act as the child's primary carer until I arrive.		
I give permission for Little Treasures staff to apply sun cream to my child as required. You will be notified what sun cream is used within the nursery or you can supply your own to remain in nursery.		
I give permission for Little Treasures to administer my child with their own medicine or the nursery Calpol / Nurofen in an emergency, for example if the child has a high temperature and the parents cannot be reached with numerous attempts by phone.		
I give permission for my child to play on the outside climbing frame at little Treasures.		
I give permission for Little Treasures to take my child on outings during the day to the local beach. Park, library and walks around the town.		
I give permission for Little Treasures to take photographs of my child who will be fully recognisable and which will be displayed around the nursery and used in art creations.		
I give permission for Little Treasures to take photographs of my child who will be fully recognisable and allow the photos to be put in the local newspaper. These will only be used for charity events, open days, advertisement etc.		
I give permission for Little Treasures to take photographs of my child who will be fully recognisable and allow these photos to be put up on our facebook account and on our website for all parents or the public to see.		

I give permission for Little Treasures staff to walk my child to and from school or to be driven in the nursery car by an insured member of staff. This permission also includes the use of the car to pick children up if they are on an outing and the weather has changed or to use the car if your child requires transport to the doctors for medical care.

Please sign below, to give consent to the following:

	Signature to Agree:	Date Signed:
I give permission for my child to participate in any visits organised into the nursery. This includes outside agencies such as 321 Dental Award, Small Talk NI, Twist + Splits, Take a Bow Music + Drama.		
I give my child permission to touch / handle animals under supervision. I understand hand washing will be a high priority. If we have any animals visiting the nursery, parents will be informed first.		
I give my permission for staff to observe my child throughout the day, setting individual goals for my child as part of the monthly planning. I am aware I can see these at any time.		
I give permission for staff to follow the Intimate Care Policy in helping to change or assist my child in dressing and undress. This also includes permission to assist with toileting my child or changing my child's nappy when needed.		
I confirm that I the parents have received read and understand each and every one of the nursery policies and procedures along with my contract and the nursery statement of purpose. I have agreed to follow all the policies and terms of conditions and have signed all the necessary forms before sending my child to Little Treasures.		
I am fully aware that I must follow all the nursery policies and procedures and my contract at all times, and that at any time Little Treasures reserve the right to terminate the contract and refuse to provide care for my child for any reason they wish, if a breach of the nursery policies is committed.		

I agree the nursery can hold my personal information on paper and on the computer		
I consent that the nursery can share information with other professionals, e.g. Health Visitor, Nursery Dental Nurse, Speech Therapist		
I agree for a First Aider to use a plaster on my child if required		

Management Signature: _____

Date: _____