PERMISSIONS FORM CHECKENDON PRE SCHOOL

PLEASE READ AND SIGN EACH SECTION BELOW.

IF YOU WISH TO DISCUSS ANY OF THE POINTS PLEASE SPEAK TO A MEMBER OF STAFF.

EMERGENCY TREATMENT DECLARATION

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed…………………………………………………date……………………………………………………………………………………….

Full name…………………………………………………………………………………………………………………………………………….

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INHALER/EPIPEN

I give permission for Checkendon Pre School staff to administer the inhaler/Epipen as prescribed to …………………………………………………………………………(CHILD’S NAME) UPON COMPLETION OF AN ONGOING MEDICINE FORM

ALL CHECKENDON PRE SCHOOL STAFF HAVE RECEIVED TRAINING IN THE ADMINISTRATION OF AN EPIPEN.

Signed………………………………………………date…………………………………………………………………………………………..

Full name…………………………………………………………………………………………………………………………………………….

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SUNCREAM

I give permission for Checkendon Pre School staff to apply suncream (supplied by me) to …………………………………………………………………………(CHILD’S NAME) and to record its use.

Signed………………………………………………date…………………………………………………………………………………………..

Full name…………………………………………………………………………………………………………………………………………….

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CERTIFICATES (located on the INFORMATION BOARD in Checkendon Village Hall)

I have seen and read the Ofsted Registration Certificate of Checkendon Pre School YES / NO

I have seen and read the Insurance certificate YES / NO

Signed………………………………………………Full name………………………………………………..date…………………………

PHOTOGRAPHS CHECKENDON PRE SCHOOL

As part of the on-going recording of our curriculum and for the children’s individual development records, staff regularly take photographs, using the Checkendon Pre School camera, of the children during their play.

These photographs are used for display and for your child’s records within the setting of Checkendon Pre School.

We are happy to provide duplicate photos of your child to you if requested.

Photographs displayed on the boards inside Checkendon Village Hall are turned around during events organised by external hirers of the hall.

I give permission for photographs of………………………………………………………(CHILD’S NAME) to be used for the following:

* RECORDING OF OUR CURRICULUM YES / NO (delete as appropriate)
* CHECKENDON PRE SCHOOL WEBSITE YES / NO (delete as appropriate)
* LOCAL NEWSPAPER RECORDING OF EVENTS YES / NO (delete as appropriate)
* CHECKENDON VILLAGE NEWSLETTER YES / NO (delete as appropriate)

Signed…………………………………………………………………date………………………………………………………………………..

Full name…………………………………………………………………………………………………………………………………………….

COMPLAINTS

Should you wish to make a complaint please request a copy of our Complaints Procedure.

You may also wish to contact OFSTED on the following number: 0300 123 1231

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