

Permission Forms

I give consent for my child to...

Go on outings, locally and further afield (e.g. Southport, Farm, Play centre) travelling on foot, by public transport or by taxi, as appropriate, with or without prior notice.

Parent's Name		Signature	
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Wear reins when out walking, depending on age and situation.

Parent's Name		Signature	
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Use large outdoor play equipment and soft play areas, subject to suitable Risk Assessments being made.

Parent's Name		Signature	
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Have ongoing observations made and recorded by the Childminder to follow and assess my child's development, to fulfil the requirements of the EYFS Statutory Framework, and in order to support the Childminder's professional development. These may be made in the form of written statements, photographs, audio or visual recording. My child may also appear in the records relating to other children in the Childminder's care.

Parent's Name		Signature	
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Have sun cream applied by the Childminder or an appropriate registered assistant. The sun cream will be provided by me (the parent) and will be appropriate for my child's skin. (the recommended minimum is SPF30) Should appropriate sun cream not be provided by me, I accept that the Childminder may supply appropriate sun protection, should the need arise.

Parent's Name		Signature	
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Have sticking plasters applied, should the need arise.

Parent's Name		Signature	
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Receive First Aid treatment, should the need arise.

Parent's Name		Signature	
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Be bathed, should the need arise. (For example after a messy activity)

Parent's Name		Signature	
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Be put down for naps in a bed, cot, sofa or buggy, appropriate to their age and development.

Parent's Name		Signature	
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Be briefly supervised by other (CRB checked) professionals, for example on an outing a fellow Childminder might look after your child whilst the Childminder takes another child to the toilet.

Parent's Name		Signature	
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I give my consent for the Childminder to share records and information about my child with other professionals when appropriate and to seek necessary emergency medical advice or treatment for my child in the future.

Parent's Name		Signature	
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