

TODDLERS' UNIVERSITY CONSENT FORM

To be completed by the parent/carer or person with parental responsibility and handed to the Nursery before the child attends or in the event of an update.

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT/CARER'S NAME: _____

* *please delete where appropriate*

EMERGENCY MEDICAL ASSISTANCE:

I do / do not* give permission for the nursery to obtain urgent treatment, which may include surgery, recommended by a Doctor or Dentist to proceed without delay for an acute condition or alleviation of pain.

ADMINISTRATION OF MEDICINE:

I do / do not* give permission for my child to receive Teething Gel, Gripe Water and/or Calpol by a qualified member of staff when feeling unwell. I understand that I will be notified of the above medication being administered on collection of my child and that no other medicine will be administered without my prior consent. All administration of medicine will be recorded in the medicine book.

SUN SCREENS:

I do / do not* give permission for my child to be applied with sunscreen for the purposes of participating in outdoor activity. I understand that I will provide my child with his/her own clearly labelled sun cream and that no other sun cream other than the one provided by myself will be applied.

NURSERY OUTINGS:

I do / do not* give permission for my child to be taken for walks, visits etc off the premises and for my child to be included in such outings.

PHOTOGRAPHS:

I do / do not* give permission for my child to have his/her photograph taken for example for the purposes of the nursery annual photograph, outings' photos or nursery photos for our albums etc.

FACE PAINTING:

I do / do not* give permission for my child to have his/her face painted during special events and/or activities which may take place from time to time.

NAPPY RASH CREAM:

I do / do not* give permission for nappy rash cream to be applied to my child if necessary.

HYPO-ALLERGENIC WIPES:

I do / do not* give permission for the nursery to use hypo-allergenic wipes on my child.

SCHOOL DROP-OFF AND PICK-UP:

I do / do not* give permission for my child to be taken to / collected from* school. I have supplied the school details on the Child Information Sheet.

Signed: _____ **Date:** _____
(Parent/Guardian or Person with Parental Responsibility)