



PARENT CONSENT FORM

In order for us to provide the best possible care for your child and to comply with your wishes we require you to complete the form below. Please tick all boxes that apply and then sign at the bottom.

AUTHORISED PERSONS TO COLLECT CHILD FROM GURUSTHANM PLAYSCHOOL

I/We authorize the following persons to collect our child from Gurusthanam Playschool.

Child's Name:	Class:
PHOTO ID	Name :
	Relationship :
	Mobile Number :
PHOTO ID	Name :
	Relationship :
	Mobile Number :
PHOTO ID	Name :
	Relationship :
	Mobile Number :

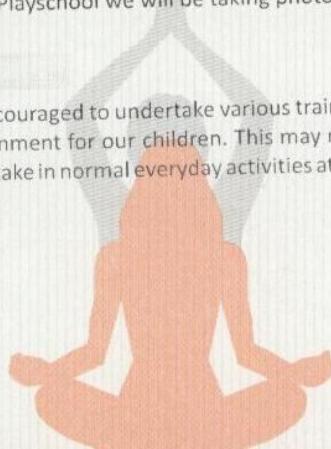
PHOTOGRAPHY / VIDEO

Whilst your child is in Gurusthanam Playschool we will be taking photographs or videos for a variety of different purposes. Eg.

Training photographs

Members of playschool staff are encouraged to undertake various training in Early Years Care & Education in our effort to provide the best possible environment for our children. This may require staff to complete observations and take photographs of children as they partake in normal everyday activities at playschool.

Foundation for the Future . . .





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Individual children's photographs for files

Photographs are taken of individual children and used to support observations made of their achievements/activities or special moments at playschool and are kept in their file.

Group children's photographs for files

Photographs are taken of group activities and used to support observations made of their achievements/activities or special moments at playschool and are kept in their file. These photographs will include other playschool children e.g. special friends etc. and in turn your child may appear on photographs in another child's file.

Individual/group children's photographs for playschool display

We would like to display photographs of playschool children taking part in activities at playschool, the children enjoy looking at themselves and each other and it gives an insight in to what goes on at playschool. These photographs would be on display on our notice boards and would be viewed by other members of the public.

Children's photographs/film of events

From time to time playschool hold events e.g. the Independence Day or Grand Parents day where playschool staff, committee, members and parents/guardians may wish to take photographs of film as a memento of the event, this could include your child.

Please indicate which of the following you give your consent to:-

- Gurusthanam Playschool Website
- Gurusthanam Playschool's Display Boards
- Gurusthanam Playschool's Promotional Literature – Brochure, Press Releases, Advertising

FIELD TRIPS / EXCURSION

We will take the children for educational and recreational trips outside nursery premises. The chosen area for this trip will be adequately risk assessed and children will be under constant supervision.

- I/We agree to allow our child to participate in school outings and trips.

DO YOU ALLOW YOUR CHILD TO PARTICIPATE IN THE FOLLOWING:

- Child appropriate cooking classes
- Gurusthanam Playschool Events, Religious Celebrations and Birthday Parties

EXAMINATION BY PHYSICIAN

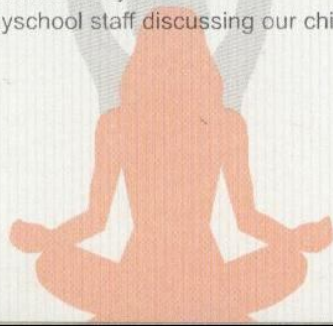
The Gurusthanam Play school contracted physician will perform timely examinations on your child, focusing on general health, growth and well being.

- I/We agree to allow the Play School physician to examine our child

SPECIAL EDUCATIONAL NEEDS

From time to time we may wish to talk to our Special Educational Needs Co-ordinator (SENCO) about your child. We will always feedback any information to you.

- I/We agree to Gurusthanam Playschool staff discussing our child with the SENCO





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EMERGENCY POLICY

In the event of an emergency, if the Gurusthanam Playschool is unable to contact any of the parents the child will receive First Aid by Gurusthanam Playschool staff and if necessary be transported to the nearest Health Care Facility:

- I/We agree to allow the nursery to adopt the above policy in case of any emergency

NON PRESCRIPTIVE MEDICATION POLICY

The school nurse may feel the need to administer the following medication/products according to manufacturer / physician's written instructions. Do you allow the nurse to administer the following:

- Calpol
- Betadine Ointment / Betadin Solution
- Fenistil Gel
- Insect Repellent

Parents Name:

Parents Signature:

Date:

