

BLACKSHAW NURSERY CONSENT FORM

Name of Child **Date of Birth**

1a) Medication: In the event of my child requiring any medication, I will ensure that I fully complete the medication sheet (which is available in my child's drawer). For non-prescribed medication I will provide the nursery with a letter from my doctor giving my child's name, address and date of birth, dosage, length of time it should be given and other specific instructions. If I cannot provide this letter I will come to the nursery as required to administer the medication myself.

1b) I consent to my child being given other medication prescribed by my GP in accordance with my instructions. I will place all medicines in the milk kitchen fridge and ensure that I complete the medication sheet within my child's room.

1c) I consent to the nursery administering medication in accordance to my doctor's instructions to my child; date of birth and I (name of parent) take full responsibility for my child and will not hold the nursery staff responsible if anything happens to my child as a result of them administering medication on my behalf.

1d) I consent to my child being given Calpol (in the correct dose for his/her age) if he/she shows signs of a temperature above 38.0 C. I confirm that Calpol has been administered to my child with no adverse effect.

1e) I would / would not like the staff to make every effort to contact me prior to the administration of the dose of Calpol, to ensure that I am happy for them to proceed (delete as applicable).

1f) I give consent / do not give consent for the staff to apply Sudocrem (which is provided by the nursery) or Metanium cream, or any other cream provided by myself, to my child if he / she has a sore bottom.

1g) I give consent / do not give consent for the staff to apply teething gel to my child if he / she displays symptoms of teething.

2) I agree to staff cleaning my child's teeth after lunch each day in the Tweenie/Toddler and School Rooms.

3) I give permission for staff at the nursery to put suncream on my child, if needed, and also agree to inform the nursery if my child is allergic to a particular suncream. I will provide my child with a sunhat and other weather-related clothing for use in the nursery garden.

4) I consent to my child being given any necessary emergency medical treatment.

5) I give permission for my child to go on pre-organised excursions outside the nursery.

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6) I consent to my child having his / her photograph taken by a member of staff for display purposes (even once my child has left) or for their EYFS Profile.

7) I do / do not give consent for my child to be observed by medical students from St. Georges Hospital/Medical School in connection with their studies.

8) I consent to my child's 2 year education check being shared with their Health Visitor. I agree to update the nursery with details of any change in Health Visitor.

9) Please note below the person(s) with parental responsibility for your child and those who have legal contact with your child:

Name of child: **Date of birth:**

Parental Responsibility: (please print name)

Legal contact including named person(s) who can collect your child on your behalf: (please print names)

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Signed **Dated**