



## CONSENT FORM

Child's Name	NURSERY	D.O.B
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### 1. Medication and Medical Treatment

Please tick

I give consent for my child to receive emergency first aid treatment by a trained member of staff should the situation arise. This may involve following advice given over the phone when dialling 999.	
I give consent for a trained member of staff to accompany my child off site to the hospital for medical assessment/treatment in an emergency.	
I allow staff to apply plasters to my child as part of first aid when necessary.	
I allow my child to have sun cream applied when necessary.	
I allow my child to have a change of clothes when necessary.	

### 2. Trips and Outings

I give consent for my child to take part in school trips and other activities that take place off school premises within a 2 mile radius.	
I give consent for my child to be given first aid or urgent medical treatment during any school trip or activity.	

### 3. Food Tasting

I give permission for my child to take part in food sampling.	
My child has no allergies.	
My child has the following allergies:-	

### 4. Internet Access

I have read and understood the school rules for responsible Internet use and give permission for my child to access the Internet. I understand that the school will take all reasonable precautions to ensure pupils cannot access inappropriate materials. I understand that the school cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that the school is not liable for any damages arising from the use of the Internet facilities.	
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Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_