

ASHENGROUND COMMUNITY PRESCHOOL



Telephone: 07591 309509

E-mail: ashengroundspreschool@gmail.com

Website: www.ashengroundpreschool.org

Southdown Close
Haywards Heath
West Sussex
RH16 4JR

Parent/Carer Consent Form:

Please complete by signing each box to show you are in agreement. If you disagree with a statement or do not give consent for an activity, please leave the box blank.

Child's name _____ Date of birth: _____

Use of Digital Images:

| | |
|---|--|
| I give permission for photos of my child to be used for assessment, evidencing and moderating purposes (learning journal) | |
| I give permission for photographs of my child to be used in displays in the preschool. | |
| I give permission for photographs of my child to be used on the preschool website/Facebook page. | |
| I give permission for my child to be included in the annual class photograph and to have an individual photograph taken by a professional photographer. | |
| I understand that any photographs/video taken of my child during preschool performances and events are for my personal use only and will not be shared on social media. | |

Use of Personal Data:

| | |
|---|--|
| I give permission for the preschool to contact me by email. | |
| I give permission for the preschool to contact me by telephone. | |
| I give permission for the preschool to contact me by text message or WhatsApp | |

Nappy Cream:

| | |
|---|--|
| I give permission for staff to apply nappy cream or sunscreen if necessary for my child, which I must provide. (Clearly named) | |
|---|--|

Medical Consents:

| | |
|--|--|
| I give permission for my child to receive first aid by a trained member of staff during any on-site or off-site activities. | |
| I give permission for my child to have a plaster applied at preschool. | |
| I give permission for the preschool to share relevant information about my child with the NHS and other professionals if I cannot be contacted. | |
| I agree to authorise members of staff, during any on-site or off-site activity, to approve medical treatment for my child as deemed necessary in an emergency or upon the staff to transport my child via car or an ambulance in an emergency. | |

Visits in the Local Environment:

| | |
|--|--|
| I give permission for my child to go out into the local environment with members of preschool staff e.g. nature walks. | |
|--|--|

Legal Responsibility and Contact Details:

| | |
|--|------|
| Who has Parental Responsibility for your child? E.g. Who is your child's main carer/s? | Name |
| Who has Legal Contact with your child? E.g. Parent who lives at a different address. | Name |

Declaration:

| | |
|--------------------------|----------------|
| Name of parents/carers: | Parent/Carer 1 |
| | Parent/Carer 2 |
| Relationship to a Child: | Parent/Carer 1 |
| | Parent/Carer 2 |
| Signature (s): | Parent/Carer 1 |
| | Parent/Carer 2 |
| Date: | |