



Parent Consent Form (Sweet Pea & Gumnut Rooms Only)

This consent form is for: Name of Child: _____

Date of Birth: ____ / ____ / ____

I, _____ being the parent/guardian of
_____ hereby consent to:

Sleep – Security Items:

My child falling asleep with a security item from home (teddy, blanket etc.) with the understanding that for children aged under 7 months Educators shall remove the item from my child once they are asleep, in accordance with Red Nose recommendations.

Signature: _____

Nappy Rash Cream:

Nappy Rash Cream to be applied to my child if and when necessary.

Signature: _____

Amber Beads:

I acknowledge and respect the decision of Circular Head Children's Services Inc. that Amber Beads are not permitted at this service due to potential choking hazards.

Signature: _____

Date: _____

