



## Photography Release Form

Dear Parent/Guardian,

At KCIP, we use both internet and print media to keep families of children attending our school updated. We also use this as a means to help illustrate our services and curriculum to parents hoping to choose KCIP for their child.

We publish photographs taken at school on our website, Facebook page, as well as, internet and printed adverts. Please fill out the below form so we understand your decision regarding your child. Please note that at no stage will a child's private details appear alongside their picture.

**Child's Name:** \_\_\_\_\_

*Please tick the appropriate box below:*

I **do** give permission for my child's picture to be used by KCIP for their:

Print Media

Internet Media (public facebook, website, etc.)

Private Internet Media (KCIP Parents Facebook page)

I **do not** give permission for my child's picture to be used by KCIP in any form of media.

Parent/Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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



## Medical Consent Form

**Child's Name:** \_\_\_\_\_

In case of an emergency, KCIP has my consent to call/take my child to the nearest hospital and allow the hospital to assess my child's injury and treat them as needed. KCIP will make the judgement as to whether the child should be transported to the hospital in the car of one of the director's or in an ambulance. Please note that we use The Surgery in Naguru.

Please indicate the following:

I wish to be called **prior** to KCIP taking my child to the hospital.

I wish to be called **after** my child has been taken to the hospital.

Please note that in the case of an uncomplicated accident (scrape, head bump, etc.), staff will attend to your child with basic first aid care. All staff are first aid trained.

If your child comes down with a fever (above 37 degrees), staff is able to administer an appropriate dosage of Calpol. Please indicate below:

I **do** give my consent for a KCIP staff member to administer Calpol to my child in the case of a fever.

I **do not** give consent for a KCIP staff member to administer Calpol to my child in the case of a fever.

**Parent/Guardian Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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