

Childs Name _____

Consents	Yes/No
Do you give permission for emergency First aid and for staff to seek further medical advice or medical intervention in an emergency or if your child falls seriously ill whilst in the care of Medlock Day Nursery.	
I give permission for a member of staff to accompany my child to hospital in an ambulance should the need arise. I understand that all medical decisions in my absence are the responsibility of the medical professionals and that I will be contacted as soon as possible.	
Occasionally we may take children out for short walks outside the nursery premises. I give my permission for my child to be taken for short walks outside the nursery premises.	
I give permission for suncream to be applied to my child.	
I agree to photographs being taken of my child within the nursery environment for observation purposes.	
I agree to photographs being taken of my child within the nursery environment for display purposes.	
I agree to photographs being taken of my child within the nursery environment for use on our public Facebook page.	
I agree to photographs being taken of my child within the nursery environment for use on the nursery website.	
I agree to photographs being taken of my child within the nursery environment for use on marketing materials (banner, flyers etc).	
I give permission for nappy cream (Sudocrem) to be applied to my child.	
I give permission for my child to have their face painted while in nursery.	
I give permission for staff at Medlock Day Nursery to administer Calpol to my child in emergency situations (all attempts to contact parents will be made before we administer Calpol)	
I give permission for staff at Medlock Day Nursery to administer Piriton, in the event of a mild allergic reaction (all attempts to contact parents will be made before we administer Piriton)	

Signed _____ (Parent/Carer)

Date _____