|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Yes/No** | **Signature of Consent** | **Date of consent** |
| I will notify anyone named on the registration form as an emergency contact, so they are aware of their information being used |  |  |  |
| I am aware that any information given on the registration form will only be used about my child and will be kept locked away and only accessed by authorised staff |  |  |  |
| I have and will make playgroup aware of any medical conditions that I know my child to be suffering including allergies and will advise them of any medical developments that may have an influence |  |  |  |
| I give consent for the administering of prescribed medicines and medical products that I have sent with my child, upon completion of the medication record book |  |  |  |
| In EMERGENCIES I give consent for First Aid to be administered to my child and if necessary to be taken to the nearest A&E unit to be examined, treated or admitted on the understanding that the Pre-School will have attempted to contact a Parent / Guardian |  |  |  |
| I give consent for my child to participate in visits around the locality e.g. the library, school, for educational and transition purposes |  |  |  |
| I give consent for my child to be included in the pre-school activities including outside play, observations, assessments, audio & video recording and the taking of photographs for use within pre-school |  |  |  |
| When my child moves to a new provider, I give consent for my child’s learning and development information to be shared |  |  |  |
| I give consent for playgroup to share information with other relevant professionals about my child as necessary (E.g. health visitor, speech and language, health professionals etc) |  |  |  |
| I give consent for staff to take my child to our sister site to aid transition and to make use of their facilities |  |  |  |
| May we use your child’s photograph in the pre-school prospectus and other printed publications that we produce for promotional purposes? |  |  |  |
| May we use your child’s image on our website, or social media pages? |  |  |  |
| Are you happy for your child to appear in the media E.g local newspaper, local news |  |  |  |
| I give consent for the Pre-school to send photographs of my child to my email address for updates on learning, well being etc |  |  |  |
| I will provide adequate clothing suitable for the current weather inc boots, rain coats, winter coats, hats gloves, sun hats etc(labelled)I will provide a labelled bottle of suncream |  |  |  |
| I give permission for staff to administer suncream on my child. |  |  |  |
| I give permission for my child to have Pre-school suncream if I have not provided my own |  |  |  |

All information given to us about yourself will only be used to contact you about your child, we will use the information you have given us about your child to track their learning and development and keep them safe.

Emails sent by Matlock Preschool Playgroup are only accessed by authorised staff.. Emails sent will be regarding bills, information about preschool, invitations to preschool events and photos of your own child as updates to their learning, progress and well being.

I give consent for Matlock Preschool Playgroup to contact me via email for the above-mentioned reasons

Signed…………………………………………………………………………………………………………….Date:-