

CATKINS PRE-SCHOOL CONSENT FORM

Information received will be kept confidential

Full Name of child

Name/Address/Telephone number of family Doctor

Please indicate if your child has had any of the following immunisations:

| | |
|---|--------|
| Diphtheria, Tetanus, Whooping Cough, Poliomyelitis. | YES/NO |
| Measles/mumps/rubella | YES/NO |
| Any other immunisations e.g. BCG..... | |

Does your child have any of the following conditions?

Asthma, Eczema, Diabetes, Epilepsy, Allergies, Food intolerances, or suffer from febrile convulsions or any other relevant condition. If so please give details and indicate which medicines your child takes on a regular basis

I do/do not give permission for the person in charge to authorise medical treatment should, the need arise.

Please indicate your family's religion

Please indicate your family's cultural background

Languages spoken.....

Please give details of any dietary/additional needs that your child requires

I give/do not give my permission for my child to participate in and celebrate a range of multicultural beliefs/celebrations throughout the Pre-School curriculum.

I give/do not give my permission for my child to participate in supervised cooking activities.

I give/do not give my permission for my child to participate in outside play/short walks

I give/do not give my permission for my child to be photographed/observed, during normal Pre-School Sessions, for display boards and training or educational purposes only (these photos are not named and can also be displayed on our board once you have left Catkins). If there is any other information that you would like us to be aware of please indicate below or please talk to one of the supervisors in confidence.

I give/do not give my permission for my child to be photographed for your child's personal Key Person notes which are for your viewing only and to be kept by you once your child has left Catkins. If you have any concerns regarding this, please speak to a member of staff.

I give/do not give my permission for information/documents concerning my child's development to be passed on to third parties i.e. Primary School or Outside Agencies and also to be shared with other Early Years Setting's your child may attend and your child's Childminder if applicable.

I have read and agree with Catkins Pre-School's Policies and Procedures for the setting.

Signed Dated.....

Name of Parent/Guardian.....

IT IS IMPERATIVE THAT YOU INFORM US OF ANY CHANGES SO WE MAY UPDATE THIS FORM.