**Permission Forms 2018-2019**

**Child’s name…………………………………………………………..**

**Password**

Sometimes you may be unable to collect your child. If you have not been able to tell us when you dropped off your child, please contact us, giving us details. To ensure your child’s safety please supply us with a password. You will need to ensure that anyone different collecting your child has been advised of this password.

**Password**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preschool Outings**

Sometimes we take the children on short visits to various local places e.g. park, allotment, school, post box. The ratio for these visits will be one member of the preschool team to every two preschool children. Please sign if you are happy for your child to participate in these visits

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collection of your child**

Please list all persons that will regularly collect your child from preschool. We need to meet them prior to them collecting your child.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to take photographs**

While caring for your child we may sometimes wish to take photographs to share with you, use in displays, accompany coursework, use in our promotional literature/website/preschool portfolio etc

Please delete any for which you **do not** give permission

* The preschool portfolio
* Staff member’s coursework
* The preschool’s promotional literature
* The preschool website and Facebook page
* Publications such as the local newspaper
* Notice boards within the preschool premises

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for emergency treatment**

I hereby give consent for my child to receive emergency medical treatment.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_