

Parent Consent Form

In order for us to provide the best possible care for your child and to comply with your wishes we require you to complete the form below. Please tick all boxes that apply and then sign at the bottom.

Authorized Persons to collect child from the Nursery

I/We authorize the following persons to collect our child from nursery.

1st Name: _____ Relation: _____

Mobile: _____

Attach
Picture

2nd Name: _____ Relation: _____

Mobile: _____

Attach
Picture

Own Transport

Children using own transport must pick/drop the child on time. Please ensure your child attends Nursery regularly and punctually.

I/We agree to allow the nursery own transport Policy.

Photography

Whilst your child is in nursery we will be taking photographs for a variety of different purposes. Please indicate which of the following you give your consent to:

Nursery Website Nursery's Display Boards Nursery's Promotional Literature - Brochure, Press Releases, Advertising

Examination by Physician

The nursery contracted physician will perform timely examinations on your child, focusing on general health, growth and well being.

I/We agree to allow the nursery physician to examine our child

Emergency Policy

In the event of an emergency, if the Nursery is unable to contact any of the parents the child will receive First Aid by Nursery staff and if necessary be transported to the nearest Health Care Facility.

I/We agree to allow the nursery to adopt the above policy in case of any emergency

Non Prescriptive Medication Policy

The nursery nurse may feel the need to administer the following medication/products according to manufacturer/ physician's written instructions. Do you allow the nurse to administer the following:

Calpol First Aid Ointment

Parent's Name

Parent's Signature: