



Child's
Photo

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 the boxes that apply to you –

Authorised persons to collect child from nursery :

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

1st Name : _____ Relation : _____ Contact no. _____

2nd Name : _____ Relation : _____ Contact no. _____

3rd Name : _____ Relation : _____ Contact no. _____

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 the nursery staff and if necessary, be transported to the nearest clinic / hospital :

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

Non –prescriptive medication policy

The school nurse may feel the need to administer basic medication if required. Do you allow the nurse to administer the following:

Calpol

First aid ointment / dressings

Parent's name:

Parent's signature:

Date :

