



The Parish Room, Betchets Green Road, South Holmwood, Dorking, Surrey RH5 4JX
The St Mary's Pre-School is a Charitable Incorporated Organisation
Tel: 01306 740135 Charity no: 1171309

Consent Form

Photographs

I give permission for my child to be photographed by staff using the PreSchool camera. These images will only be held on the PreSchool laptop and be printed off to be displayed on our notice boards, be put in folders for OFSTED to see, and be put in the children's individual profiles. [This consent is for INTERNAL USE ONLY.](#)

Parent's/Guardian's signature _____ Date _____

I give permission for my child's photographs (unidentified by their full name) to be used in promotional materials related to the PreSchool ie. newspaper articles, brochure, website and in video. (Names will not be attached to any photographs that we use) . Please note that Websites can be viewed throughout the World, and not just the UK. [This consent is for EXTERNAL USE \(identified by christian name only\).](#)

Parent's/Guardian's signature _____ Date _____

I give permission for my child to be photographed by local newspapers and other news media on the basis that their full name(s) will be published along with the picture. Please note that: newspapers will be asked to avoid using the child's name if their image is put on the newspapers own website, and that this consent will also be taken to apply to television images, provided that your child is not named without your specific agreement [This consent is for EXTERNAL USE \(Identified by their full name\).](#)

Parent's/Guardian's signature _____ Date _____

In Case of Emergency

I give permission for the PreSchool staff to act on my behalf during PreSchool hours and if unable to contact me in the event of an accident or emergency involving my child. This includes my child being taken to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary, on the understanding that I/we have been informed and are on our way to the hospital.

Parent's/Guardian's signature _____ Date _____

Administration of Paracetamol

If a child develops a high temperature and immediate collection of the child is not possible, I agree to the administration of Paracetamol (dose as recommended by the manufacturer for the child's age), by a named member of staff, to lower their temperature. I confirm that my child has no known (or identified to date) allergy to Paracetamol.

Parent's/Guardian's signature _____ Date _____

Please turn over.....

Administration of Antihistamine

If a child shows signs of an allergic reaction (redness, itching of skin, wheezing, sneezing, runny eyes etc) and immediate collection of the child is not possible, I agree to the administration of a liquid antihistamine (dose as recommended by the manufacturer for the child's age), by a named member of staff, to alleviate symptoms. I confirm that my child has no known (or identified to date) allergy to Piriton.

Parent's/Guardian's signature _____ Date _____

Walks

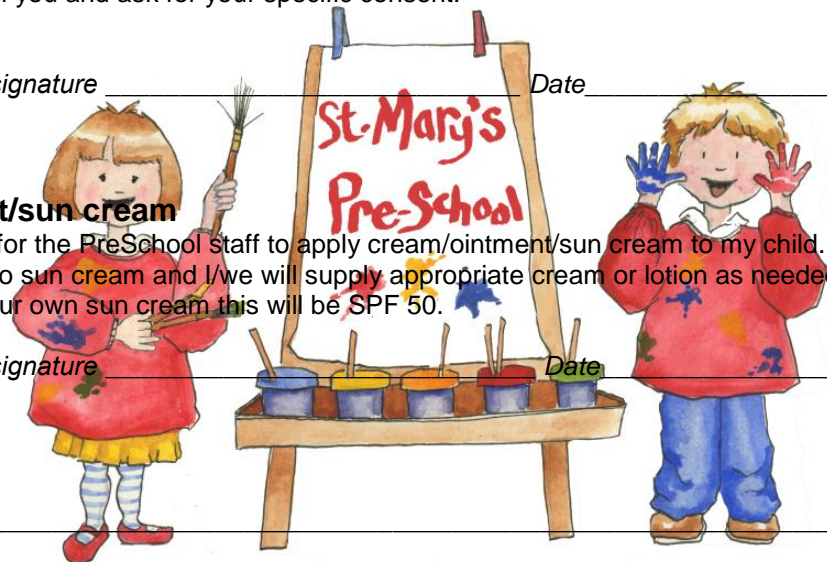
I give permission for my child to go on supervised short walks/visits around South Holmwood village. For any major outings, we will inform you and ask for your specific consent.

Parent's/Guardian's signature _____ Date _____

Creams/ointment/sun cream

I/we give permission for the PreSchool staff to apply cream/ointment/sun cream to my child. I/we will inform PreSchool if my child is allergic to sun cream and I/we will supply appropriate cream or lotion as needed. In the instance of PreSchool applying our own sun cream this will be SPF 50.

Parent's/Guardian's signature _____ Date _____



Print name(s): _____

Address: _____ South Holmwood _____

Child Name: _____