



Castle Day Nursery Parental Permission

Child's name (block capitals): _____

Routine outings with Castle Day Nursery

I/We agree for the above-named child to go on routine outings.

Parent/Guardian's name (block capitals): _____

Signed: _____

Use of outdoor area and equipment e.g. slide, bicycle etc.:

I/We agree for the above -named child to use the equipment under supervision of nursery staff.

Parent/Guardian's name (block capitals): _____

Signed: _____

Sun protection cream application:

I/We agree for sun protection cream to be applied only to the skin exposed to the sun for the above -named child. The sun cream needs to be provided and labelled by parent/guardian.

Parent/Guardian's name (block capitals): _____

Signed: _____

Nappies and change of clothes:

I/We agree the above -named child, if wearing nappies/pull ups or soils/dirty/wet their clothes in any way to be changed by a member of staff when necessary.

Parent/Guardian's name (block capitals): _____

Signed: _____

Observation:

I/We understand that ongoing observation will be undertaken for the above named child, to follow and assess their development, in order to support the nursery staff in working towards any qualification. These may be taken in the form of written statement, photographs/video or tape recordings.

Parent/Guardian's name (block capitals): _____

Signed: _____

Photos :

I/We give permission for the above-named child to be photograph for the following reasons (please tick all that apply)

- to record the child daily routine to record the child development
- the nursery own album the staff coursework e.g. N.V.Q.

Your child’s photos will be used in their EYFS folders for the purpose of evidence. Please note that some photos of your child will appear in other children’s EYFS folders to show co-operative play and other group activities.

Your child to be filmed by staff at Castle Day Nursery. The video will be used by staff as a part of Making Children’s Learning Visible . I understand that the staff will share this video with myself as a part of my child’s achievement/progress. I understand the staff may use videos as part of training purposes.

The videos are deleted on a monthly basis.

Parent/Guardian’s name (block capitals): _____

Signed: _____

Applying Hypoallergenic plasters

I/We agree for the above-named child to have a hypoallergenic plasters applied for a minor injuries.

Parent/Guardian’s name (block capitals): _____

Signed: _____

EYFS records folder

I/We agree for the above-named child EYFS record folder will be transported by Castle Day Nursery staff to the next setting/pre school/ nursery or school during transition period.

Parent/Guardian’s name (block capitals): _____

Signed: _____

Castle Day Nursery will seek parental permission if EYFS record folder would need to leave the premises i.e.. Meeting with any professionals that are involved with your child’s wellbeing and education.

EYFS records folder

I/We agree for the above-named child EYFS record folder to be taken home by their Key Person _____

to update the records .

Parent/Guardian's name (block capitals): _____

Signed: _____

Emergency Medical Treatment Parental Permission

A situation rarely arises where emergency treatment or hospitalisation is necessary, but in such cases prompt action may be important. Be assured that at all times, we would use every effort to communicate with you rather than use this authority.

I hereby authorise Castle Day Nursery Staff in case of emergency and when the parent /guardian can not be contacted to grant permission for my child _____ to seek medical emergency treatment.

Parent/Guardian's name (block capitals): _____

Signed: _____ date _____

Castle Day Nurseries

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