

Please tick the relevant box **if** you give your permission for:

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| **Personal Care** (NB. only qualified, DBS checked staff deal with personal care) | |
|  | Staff to support/encourage child with toileting/ toilet training |
|  | Staff to change nappies/clothes and clean your child if they have a toileting accident. |
|  | Staff to change your child if they get messy/wet/muddy during an activity. |
|  | Staff to apply sun cream to your child when required. Please supply your child with their own sun cream. (we do keep a supply of factor 50 cream in Pre-school if needed) |
|  | Staff to administer medication to your child (See policy). |
|  | Qualified Staff to administer First Aid treatment if needed (See policy). |
|  | Staff to accompany your child to hospital/Doctors in an emergency. (See Policy) |
| **Photographs & Social Media** | |
|  | Staff to take photos for the purpose of observations/assessments for Tapestry Online Learning Journal. |
|  | Staff/parents to photographs and video at fundraising events and children’s performances. |
|  | Photographs and media coverage of Preschool fundraising events, and activities that may be released to the press. |
|  | Photographs of children at play for use on the Preschool website/Facebook/Parent pack |
|  | Children to have supervised use of iPads for learning activities. This can include but is not limited to  use of internet ie. looking up recipes to use, educational games and apps (MyChoicePad). Screen time will be limited. |
| **Outings/trips** | |
|  | Staff to take your child on walks around the village. (Risk Assessed)  (will include walks to shops, park, church, school, Strawberry line) |
|  | Staff to take your child in between the two settings (portacabin and hall) |
|  | Outings/trips further afield e.g. To the farm, beach, or zoo etc. (Risk Assessed)  (NB. Parents will, where possible, be required to accompany their children on these outings) |

Do speak to staff if you have any questions or concerns regarding the above.

Please sign if you agree and give permission for the above actions ticked. Thank you

Signed Parent/carer………………………………………………..........

Print name…………………………………………………………………………..

Date……………………………..