



St. Joseph's Pre-school



Pupil Consent Form – STRICTLY PRIVATE AND CONFIDENTIAL

Please complete one form for each of your children at St. Joseph's Pre-School. Please PRINT. Please use BLACK INK.

Name of child Date.....

Child's Home Address

Address of any other parent if different to above.....

Custody information if applicable.....

Medical and Dental Treatment Permission

I agree that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendations of a qualified medical practitioner.

Pupils are not insured by the County Council against personal accidents. Personal Accidents Insurance can be arranged for pupils taking part in educational and youth visits and the staff will give advice about a policy which is designed specifically for such parties. The policy covers personal accident, loss of personal effects, medical expenses and the cost to parents of visiting anyone who may be detained in hospital away from home.

The County Council accepts no responsibility for accidents or injury to pupils or for loss or damage of personal effects, unless the cause is the negligence of the County Council or any member of its staff.

Parents should give staff telephone numbers at which they can be contacted in case of an emergency, in particular when urgent medical treatment may be necessary. Parents who are willing to allow urgent medical or dental treatment to be given to their children when necessary should sign the form below.

If required I give permission for my child to be transported to hospital by ambulance with a member of staff.

Name of Child:

Signed: (Parent/Carer) Date:

PLEASE CONTINUE OVERLEAF



Medical and Medication

Please state any medical conditions that your child has below. For example, asthma, eczema, hole in heart, etc and any medication which they receive

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Please tick the appropriate box below:

My child has a prescribed inhaler that is in pre-school	Yes		No	
My child has a prescribed epi-pen that is in pre-school	Yes		No	
My child has other prescribed medication that is in pre-school	Yes		No	

Please state below other prescribed medication held in pre-school

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I/We understand that it is my responsibility to inform St. Joseph's Pre-School of any changes to existing medical conditions or if my child develops a medical condition.

I/We understand that pre-school are unable to administer any medication that has not been prescribed by a GP.

I/We understand that my child should not return to pre-school until 48 hours after having sickness or diarrhoea.

Signed: (Parent/Carer) Date:

Food Allergies

I give permission for (name of child) to take part in food tasting activities which form part of the school curriculum.

Please tick the appropriate box below:

My child can eat a variety of food	Yes		No	
My child has known food allergies	Yes		No	
My child cannot eat certain foods for religious/cultural beliefs	Yes		No	

Please state below the foods that your child cannot eat due to allergies or religious beliefs

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Signed: (Parent/Carer) Date:.....

Changing Permission

Please tick the appropriate box below:

I/we give permission for the Pre-school staff to change my child's under-wear if necessary (in case of a toilet accident)	Yes		No	
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Media/Website Permission

Please tick the appropriate box below:

I/we give permission for my child's photograph to appear on the school website , school Facebook and Twitter accounts.	Yes		No	
I/we give permission for my child's photograph and full name to appear in a newspaper report of an event at school	Yes		No	
I/we give permission for my child to be filmed for in school activities and a possible production DVD (this may be purchased by parents).	Yes		No	
I/we give permission for my child to appear in a group photograph that may be shared with other families at St. Joseph's e.g. class photograph, role play activities during lessons etc.	Yes		No	
I/we will not share any photographs or videos that I/we take at assemblies/events on any social media sites.	Yes		No	

Signed: (Parent/Carer) Date:



Thank you

