



Tick one option per section where applicable · return with Enrolment Form

Child's full name _____ **Date of birth** _____

1. General care consent

I consent to routine care, first aid, and staff contacting emergency services or my GP if necessary.

I agree

2. Medication administration

Medication	Dose	Times	Reason

I consent to staff administering medication listed above.

4. Local outings & transport

I consent to local outings and authorised transport.

5. Emergency treatment

If unreachable, I consent to staff seeking appropriate medical treatment.

6. Sun cream & outdoor play

I consent to staff applying parent-supplied sun cream before outdoor play.

3. Photographs & video

- Internal use only
- Website / social media
- No photographs or video

Parent / guardian confirmation

_____	_____
Parent / guardian signature	Date
Name (print)	Phone
_____	_____