



Tree House Day Nursery - Parental Permission form.

In order for staff to ensure that your child receives the best and most appropriate care, attention and treatment should there be an emergency in the provision or while out on an authorised outing, you need to complete, sign and date the declaration below.

Full name of child:
Date of birth: / /

Declaration for emergencies

I agree to the registered person in the provision (or deputy in charge) taking the necessary steps to ensure that my child (named above) receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the provision or while my child is on an authorised outing. I understand that the registered person (or deputy in charge) will make every effort to inform me of any emergency or accident as soon as possible after the event but they may have to accompany my child (named above) to hospital in the case of a serious accident in my absence. I give my permission for the registered person in charge of provision (or deputy in charge) to authorise hospital staff to administer essential treatment until my arrival.

SignedPrint Name:.....

Date:...../...../.....

If you do not agree with any or all of the above declaration, please do not sign it but make your views known in the space below. The registered person in charge of the provision (or deputy in charge) will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the declaration and would prefer the following procedure to be followed for my child.

.....

.....

.....

Signed Print Name:.....

Date:...../...../.....



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- Who can collect my child.

It is important that the provision is informed of anyone else, besides named parents/guardians, who are authorised to collect you child. Children will only be released into the care of authorised adults. If you are interested in a password scheme, please indicate on the form. Please complete, sign and date the form below.

Other adults authorised to collect my child.

1.

Name:	Tel No.
Relationship to child:	

2.

Name:	Tel No.
Relationship to child:	

3.

Name:	Tel No.
Relationship to child:	

4.

Name:	Tel No.
Relationship to child:	

I would like to use the password scheme with the registered provider:

Password agreed:

I agree to inform the registered day care provision of any changes to the above list.

SignedDate:...../...../.....