

St Georges ASC
Child Consent Form



Child's Name: D.O.B:

Parent/Carers Name:

Email Address:

Please read and sign to give permission for the following:

Allergies

I agree that I have informed ARPS BC & ASC of all food allergies and any other allergies that my child has and take responsibility for any reactions to foods that are not listed on the child information form.

Signature: Date:

Photographs/Video

I agree/do not agree to my child being photographed/ videoed for use on the school website or club display boards.

Signature: Date:

Sun Protection

I agree/do not agree to the application of sun cream to my child when necessary (to be supplied by the parent).

Signature: Date:

Information Sharing

I agree for staff to share information with other professional bodies if this is necessary for the safety and protection of my child but also understand that I will be informed*.

Signature: Date:

*Except in Child Protection cases where it is judged that the child may be placed further at risk.

First Aid

I agree for a staff member to administer first aid as necessary on any minor injuries that occur and I understand that I will always be informed after this has occurred and will sign the accident book to witness it.

Signature: Date:

Administration of Medicine

I consent for a staff member to administer prescribed medicine to my child whilst they are at the setting, as directed by myself in accordance with the completed medicine administration form. I will always be informed before this is undertaken.

Signature: Date:

Emergency Action

I consent for any staff member at ARPS BC & ASC to call an ambulance or take my child to the nearest Accident and Emergency department to be examined, treated* or admitted as necessary on the understanding that I/we have been informed at the earliest opportunity and are on my/our way to the hospital.

Signature: Date:

*Please state if there are any exceptions to this i.e. blood transfusions and give details:

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