**Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Carry out observations on my child which I can have access to |  |  |
| Take photographs/videos of my child and for these to be used for display purposes throughout the setting/closed Facebook page/website |  |  |
| Take my child on outings to local parks, library etc. and to travel on the centre mini bus when necessary |  |  |
| Change my child’s clothing in the event of toileting accidents or spillages. Also to change nappies or provide intimate care if required |  |  |
| Assist my child to the toilet if required |  |  |
| Apply sun cream (which I have provided) to my child when required. |  |  |
| Encourage my child to participate in activities that may involve animals |  |  |
| Give my child opportunities to take part in outdoor/physical play and the use of large outdoor equipment |  |  |
| Carry out basic first aid procedures in the event of an accident/emergency. |  |  |
| Transport my child immediately to a hospital/doctor in the case of an emergency. |  |  |
| Administer Paracetamol/Nurofen to my child in the case of a high temperature. |  |  |

**YES**

**NO**

**I hereby authorise staff of Wishing Well Family Centre to:**

Information about my child may be shared with Health Visitors, Speech Therapists and other professionals (HSC Trust’s Registration and Inspection staff) on a need to know basis.

I have received a copy of the welcome pack & operational guidance. (Covid 19)

I have read & understood the policies and procedures of the setting in welcome pack (full copy available at reception).

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_/\_\_\_/\_\_\_