



Friary Preschool, Southgate Drive, Southgate, Crawley, Sussex, RH106HD Telephone: 01293403873

PARENTS CONSENT FORM FOR HEALTHCARE AND TRIPS

Consent is necessary should your child require any medical treatment during preschool sessions. Please could you give the following details regarding your child to obtain any medical treatment that might be required if your child was to need treatment in the session.

Childs name: _____

Date of birth: _____

Home address: _____

Telephone number: _____

Doctors name and phone number: _____

Doctors address: _____

I give consent to any essential medical treatment that my child named above might need while in attendance at The Friary Preschool.

I understand that any minor injuries will be treated by preschool staff that have had first aid training. I am also aware that the preschool staff will obtain emergency treatment for my child if necessary, by calling an ambulance to take them to hospital, if the parent/guardian will be delayed in getting to the preschool.

The importance is that my child receives emergency treatment and is not delayed by waiting for parents to arrive at preschool.

- I also give consent for preschool staff to apply sun cream on my child **(yes/no)**
- Have their face painted **(yes/no)**
- Go on small spontaneous trips, i.e. the park, post-box etc. **(yes/no)**

Parent/s name: _____

Signed: _____

Date: _____