

Rockwood Nursery School



The person/people below have
Legal Parental Responsibility
and will more than likely be picking

_____ up.

1	Name	
	Relationship	
	Home Address	
	Home Tel no:	
	Mobile Tel no	
2	Name	
	Relationship	
	Home Address	
	Home Tel no:	
	Mobile Tel no	

Rockwood Nursery School Collection from Nursery Consent

It is a statutory requirement that Nursery will ONLY release a child into the care of an individual named by a person with Legal parental Responsibility.

This person MUST be a responsible adult over 18 yrs. old.

Parents MUST inform Nursery immediately if these details change.

IMPORTANT

Nursery will only release your child into the care of an individual named on this form

In the case of an extreme emergency e.g. car accident/puncture, parents may telephone Nursery and give the details of a person not named on this consent form.

Wherever possible this should be a person known to the Nursery staff e.g. another parent.

Child's Name _____ Date _____

The usual person collecting my child will be _____

Password for collection _____

I authorise Rockwood Nursery School to release my child into the care of the individuals named below.

NAME (Not those with Parental Responsibility)	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
1.		
2.		
3.		
4.		
5.		

Summary of Signatures – Policies & Procedures

All can be accessed on the school website.

Child's Name: _____

Child Protection & Safeguarding Policy

I have read and understood the school's Safeguarding Policy

Signed (Parent/Guardian) _____

Accident Procedures

The Accident Procedures within the prospectus have been read and understood by me and I agree to the implementation of them.

Signed (Parent/Guardian) _____

Acceptable Usage Policy (ICT)

I acknowledge I have read the school's Acceptable Use Policy

Signed (Parent/Guardian) _____

Charging Policy & Agreement

The Charging Policy for Rockwood Nursery School has been read and understood and the agreement read and signed.

Signed (Parent/Guardian) _____

Discipline & Behaviour Policy

The Discipline & Behaviour Policy for Rockwood Nursery School has been read and understood and the agreement read and signed.

Signed (Parent/Guardian) _____

Date _____



Summary of Signatures - Permissions

Forest School

Name of child: _____ Date _____

I agree to my child taking part in Forest School activities at regular intervals during the coming academic year. Sessions will be led by our fully qualified Forest School staff. I understand my child will need to bring their own wellington boots, but appropriate outdoor clothing will be provided. I understand that my child may, at an appropriate level, have opportunities to work with hand tools and small fires through the course of their Forest School work.

<u>Insect stings</u>	Please tick
As an additional precaution, we are required to ask you in more detail about allergies and insect stings.	
My child has never been stung by a wasp/bee	Y/N
My child has been stung by a wasp/bee and made a normal recovery	Y/N
My child has been stung by a wasp/bee and had an allergic reaction. <u>We will be in touch with you to get further details. A medication form would need to be completed</u>	Y/N
I give permission for my child to have insect repellent applied when necessary.	Y/N
I give permission for my child to have medication administered if an allergic reaction occurs.	Y/N



Plaster Application

I give permission for plasters to be applied when necessary to my child

Signed (Parent/Guardian) _____

Sun Cream Application

I give permission for sun cream, provided in a labelled bottle by myself, to be applied when necessary to my child

Signed (Parent/Guardian) _____

Short Walks

Occasionally we may take the children out of Nursery for a walk to the local Spar shop to buy ingredients for baking or on a hot day to buy ice creams, or to the post box at the end of Kingsland Road to post a letter. Please sign below if you give your permission for your child to be taken out as detailed above.

I give my permission for _____ to be taken out of Nursery for a walk as detailed above.

Signed _____

Allergies and Dietary Needs

I acknowledge I am responsible for informing the school of any allergies or dietary needs and if applicable include specific details below: Food or other allergy

Signed (Parent/Guardian) _____

Date _____

Photographic and Website Consent Form for use by Rockwood Nursery School

We take photographs of the children at our school as part of their learning journeys. We may use these images in our school's prospectus or other publications, website and Facebook. We also may make video or webcam recordings for school-to-school conferences, monitoring or other educational use. Occasionally the school may be visited by the media to take photographs or film footage of a visiting dignitary or other event. Pupils will often appear in these images, which may be placed in local or national newspapers or on televised news programmes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date below.

1	1. May we use your child's photograph (unidentified) in the school prospectus and other printed publications that we produce for promotional purposes?	Yes/No
2	May we use your child's image (unidentified) on our website?	Yes/No
3	May we use, if selected, your child's work on our website?	Yes/No
4	May we record your child's image (unidentified) on video?	Yes/No
5	Do you consent to your child's image (unidentified) being published with a press photo?	Yes/No

<p>Permissions</p> <p>I have clearly indicated the above permissions relating to (child's name)</p> <p>.....</p> <p>as person with legal parental responsibility</p>	<p>Name of Parent/Carer:</p> <p>Signed:</p> <p>Date:</p>
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medicaltracker

First Aid Incident and Medication Administration Notifications

As you know we try very hard to keep parents regularly informed about first aid incidents and medication administration at school.

We use a service called Medical Tracker.

Medical Tracker not only allows us to inform parents/carers of first aid incidents and medication administration by email but it also allows us to analyse the data we record.

Medical Tracker is beneficial because:

- We can record and track first aid incidents that involve your child
- We can record and track medication administration that involves your child
 - You can be notified immediately after a first aid incident by email
- You can be notified immediately after medication has been administered by email

To use Medical Tracker effectively we need to collect the best email address to use to notify you of incidents.

Please be assured that Medical Tracker is registered with the Data Protection Registrar and guarantees that all information you provide will be kept private and will not be passed on to any other organisation. **Important** – When we use Medical Tracker, email messages will be sent from **donotreply@medicaltracker.co.uk**.

Please add this address to your email address books (or approved sender list) to prevent messages from being blocked by your SPAM/JUNK filters.

I give permission for my child -to have their details

stored on Medical Tracker

Preferred email for Medical Tracker notifications



Rockwood Nursery School Tapestry - An Online Learning Journal

Permission Slip.

Child's Name: _____

Please read carefully before signing. If you have any questions or comments please speak to your child's teacher

You will only have access to your child's journal and this cannot be seen by other parents. However, other children will sometimes be photographed with others as they work together. For this reason, we require specific permissions

I give permission for an online Tapestry Learning Journal to be created and maintained for my child.	Y / N	Signed	Date
I give permission for my child to be photographed for use within their own learning journal on Tapestry.	Y / N	Signed	Date
I give permission for my child to be photographed within a group that may be used within other children's Learning Journals on Tapestry (Your child will only be referred to with their initials)	Y / N	Signed	Date
I give permission for images and videos of my child to be viewed by Governors	Y / N	Signed	Date
I agree not to electronically share, by social media or other platforms, any part of my child's Learning Journal (including photographs and videos). I understand that my child's Learning Journal is to be used for my own personal use (meaning that information cannot be shared with others, or published in any way without the explicit written consent of the parents or carers of those children who may be included.	Signed		Date
I agree to keep my login details safe and secure.	Signed		Date

Please supply details of Parents/Carers/additional adults that you would like to have access to your child's Tapestry account.

First Name	
Surname	
Email address	

First Name	
Surname	
Email address	

First Name	
Surname	
Email address	

Signed _____

Date _____

