



Parental/Carer Permission

There maybe occasions where your child needs emergency medical treatment during their time at the Nursery. It is important for us to get your parental consent for any possible treatment your child may need.

I do / do not give permission for Making Miracles Nursery to seek medical advice or treatment for my child should this be necessary at any time.

Name: _____ **Signed:** _____

Date: _____

I do / do not give permission for Making Miracles Nursery to take my child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I/us as parent(s) am/are informed. I understand that once my child is at hospital full responsibility of their healthcare will be handed over to the hospital staff until I arrive.

Name: _____ **Signed:** _____

Date: _____

I do / do not give permission for any medically trained member of staff at Making Miracles Nursery to resuscitate my child should it be necessary at any time.

Name: _____ **Signed:** _____

Date: _____

In order to plan effectively for individual children and to record a child's development, we will require to occasionally observe your child and keep records of these observations while they are in our care. These records will be stored away in the office and only available to nursery staff and yourselves as parents.

I do / do not give permission for Making Miracles Nursery to carry out observations and keep developmental records on my child while in their care.

Name: _____ **Signed:** _____

Date: _____

I do / do not give permission for Making Miracles Nursery to take my child out at any time on local outings to the shops or park by foot. (A risk assessment will always be carried out prior to the trip).

Name: _____ **Signed:** _____

Date: _____



There maybe occasions when Making Miracles staff would like to take your child's photo in order to use in their own or in other children's record of achievement, development records or to put on wall displays in the Nursery.

I do / do not give permission for my child to have their photo taken at Making Miracles for the above use.

Name: _____ **Signed:** _____

Date: _____

There maybe occasions when students wish to use photos or observations of your child for their portfolio. Your child's name will not be used for labelling the photos/observations at any time.

I do / do not give permission for my child to have their photo taken at Making Miracles Nursery for the above use.

Name: _____ **Signed:** _____

Date: _____

There maybe occasions in the future where we would like to use photos of our Nursery children to use on a future website, in leaflets or any other Nursery marketing material.

I do / do not give permission for my child to have their photo taken at Making Miracles Nursery for the above use.

Name: _____ **Signed:** _____

Date: _____

Once a year, a Photographer will come into the setting to take pictures of the children for parents/carers to purchase soon after (often around October/November time ready for Christmas)!

I do / do not give permission for my child to have their photo taken at Making Miracles Nursery for the above use.

Name: _____ **Signed:** _____

Date: _____



We may on occasions like to do some face painting with the children as a special treat.

I do / do not give permission for my child to have their face painted while at Making Miracles Nursery.

Name: _____ **Signed:** _____
Date: _____

During the summer months, it is important to ensure you provide the nursery with some sun cream which is labelled with your child's name on. If on the odd occasion this is forgotten, please indicate below whether or not you give permission for nursery sun cream to be put on your child.

I do / do not give permission for my child to have nursery sun cream applied if I forget to bring in my child's own cream.

Name: _____ **Signed:** _____
Date: _____

On occasions, we may take the children to our other making miracles nursery settings to participate in activity throughout day.

I do / do not give permission for my child to go to other Making Miracles Childcare Settings

Name: _____ **Signed:** _____
Date: _____

Throughout your child time at making miracles would you like to be informed of any development progress i.e Their first steps, first crawl, first words etc.

I do / do not give permission for the keyperson to inform me of any development progress.

Name: _____ **Signed:** _____
Date: _____

Name of Keyworker _____

Signature _____ Date _____