



Reigate Parish Playgroup Permission form

Child's name:

Consent for emergency medical treatment.

I consent to any emergency medical treatment necessary during the hours of playgroup. I authorise a member of staff who is a qualified first aider to sign any written form of consent required by medical authorities, if the delay in obtaining my signature is considered to endanger the safety of my child.

Parent/Guardian's signature: Date:.....

Permission – Photographs

I give my permission for photographs of my child to be taken and displayed at playgroup, to be used for publications relating to Reigate Parish Playgroup, and for events such as the Christmas Concert (including the use of videos) I understand that photographs of my child will be taken as part of their early learning journey.

Parent/Guardian's signature: Date:.....

Permission – Internet

I give my permission for my child's image to be used on the Reigate Parish Playgroup website. Children's names will never be displayed next to their image.

Parent/Guardian's signature: Date:.....

Permission – Plasters

I give permission that, when appropriate, a plaster may be applied to my child by a member of staff at Reigate Parish Playgroup who is a qualified first aider.

Parent/Guardian's signature: Date:.....

Permission – observations

I give permission to observe and record my child’s progress and to share these records when appropriate.

Parent/Guardian’s signature: Date:.....

Permission – Email communications

I give permission to be contacted by email about events at playgroup, newsletters and reminders. I understand that my email address will not be shared with third parties.

Parent/Guardian’s signature: Date:.....

Permission - Contact list

I give permission for my email and/ or phone number to appear on a class contact list which will be made available to other parents within my child’s class.

Parent/Guardian’s signature: Date:.....

I understand that this information will be stored securely at Reigate Parish Playgroup and will be held for the duration of my child’s time at playgroup. On completion of their learning journey with us their information will be removed from our records. None of the information provided on this form will be shared with third parties. This information is being collected for the health, safety and wellbeing of your child.

Parent/Guardian’s signature: Date:.....

Please feel free to discuss any of this information with any member of staff.