



## PARENT/CARER PERMISSIONS FORM

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please tick all that you agree to:-

In the event that my child (listed above) may require medical and/or surgical care while I am unable to be reached, I hereby give my consent to **medical and/or surgical treatment.**

In the event that my child (listed above) may require dental and/or dental surgical care while I am unable to be reached, I hereby give my consent for **dental and/or dental surgical care.**

Every effort will be made to notify parents/guardians immediately in case of emergency.

In the event of my child requires first-aid treatment whilst attending The Luccombe Hub, I agree to first aid trained persons administering such treatment as may be required.

If necessary, I consent to the The Luccombe Hub providing pain relief medication e.g. Paracetamol/Calpol.

### Persons to contact in case of emergency if parents/carers are unavailable

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

### LEARNER MEDICAL INFORMATION



Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Any medical conditions, please provide details:-

Present Medications \_\_\_\_\_

- *Where a child takes regular medication and you require staff of The Luccombe Hub to help administer these medicines, please complete the Medicine Consent Form within the pack. All medicines provided to The Luccombe Hub must be stored in the original packaging together with medication leaflet.*

If **YES**, please give details:

Is your child up to date with their immunisations e.g. tetanus **YES/NO**

Does your child suffer from any allergies ( e.g. penicillin, nut or food items,plasters)? **\*YES/NO**

**TRAVEL AND ACTIVITIES**

**Please tick all that you give consent to...**



I give permission for my child to travel in a car or on public transportation for educational trips. I consent to my child attending off site education trips as and when appropriate in the course of their learning. I understand that this may include but is not limited to walks around the local area, attending to the offsite community allotment project, offsite Forest School Site in Dewlish and the local supermarket. Where a significant educational trip is planned, additional permission may be sought. Staff will always carry a mobile phone, any required medication, first aid kit along with emergency phone numbers for each child.

I give permission for my child to leave The Centre for walks around the neighbourhood. I understand that I will not be notified before each walk.

### **SUNSCREEN**

I give The Luccombe Hub Limited permission to use sunscreen on my child. I understand that the child will be asked to apply this themselves and staff will assist where a child is unable to do this.

**We ask all parents to provide for their child a bottle of Sunscreen with their name labelled.**

### **SWIMMING**

I give The Luccombe Hub Limited permission to take my child swimming as part of their educational provision.

My child needs to be in the shallow end of the pool.

I give permission for staff to post this information as a visual reminder to all staff.

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Signature of Parent/Guardian

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Date