

Woolwell Road, Plymouth, Devon, PL6 7JW
Telephone: 01752 777798
Email: info@bumblebeesltd.co.uk



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DAY NURSERY PLYMOUTH LTD

EMERGENCY TREATMENT CONSENT FORM

I agree to the registered person in the provision (or deputy in charge) taking the necessary steps to ensure that my child _____ (name of child) receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the setting or while my child is on an authorised outing. I understand that the registered person or deputy in charge will make every effort to inform me of any emergency or accidents as soon as possible after the event but they may have to accompany _____ (name of child) to hospital in the case of a serious accident in my absence. I give my permission for the registered person in charge of Bumblebee's Day Nursery or deputy in charge to authorise hospital staff to administer essential treatment until my arrival.

Parent/Carer Name: _____

Parent/Carer Signature: _____ Date _____

If you do not agree with any or all of the above declaration, please do not sign but make your views known in the space below. The registered person in charge of Bumblebee's Day Nursery or deputy in charge will discuss this with you and do their best to accommodate your particular wishes.

Signed Parent/Carer _____ Date _____

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COLLECTION FORM

Child's Name _____

Personal Password _____

It is important that we are informed of anyone else apart from named Parents/Carers, who are authorised to collect your child.

Children will only be released into the care of authorised adults.

Authorised collector 1

Name

Relationship to child

Telephone numbers

Home

Work

Mobile

Authorised collector 2

Name

Relationship to child

Telephone numbers

Home

Work

Mobile

Emergency Name and number if different from above

None of the above named collectors can be stopped from collecting your child unless a new form has been filled out and signed.

I Agree to inform you to any changes to the above list and I agree to my child being released into the care of those listed above.

Parents/Carers Name: _____

Signature Parent/Carer: _____ Date: _____

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MEDIA/PHOTOGRAPHY FORM

In order to fulfill the Department of Education Foundation stage curriculum and Birth to Three Framework, Bumblebees will at times take photographic pictures of the children's activities to support their learning. The use of video taping may also be used on occasions to support the staff with their observational assessments. It is therefore necessary that we have your written consent, the photographs will either be displayed on the Nursery walls for everyone to see or filed in a scrapbook for your perusal within the boundaries of the Nursery only. The video evidence again can be viewed on request within the boundaries of the Nursery only.

We will at all times respect your child's privacy and their protection is paramount.

I Do/Do not (delete as applicable) give consent for
Bumblebees Day Nursery to use and display:

Photographs of _____(Child's Name)

Signature Parent/Carer _____ Date _____

I Do/ Do not (delete as applicable) give consent for:

Bumblebees Day Nursery to Video _____ (Child's Name)

Parents/Carers Name: _____

Signature Parent/Carer _____ Date _____

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SUN CREAM AND SUNHATS

In order to fulfill our Health and Safety policy it is a requirement that parents must supply sun cream of SPF 25+ and hats for their child during the warm months. All sun cream and hats must be clearly labelled with your child's name and room. As an emergency measure Bumblebees will use 'Ambre Solaire' SPF 25+, this will be used on the rare the occurrence that no sun cream has been provided for a child. It is not intended for daily use.

I Do/Do Not give consent for Bumblebees Day Nursery to apply sun cream to _____ (Child's Name)

Signature Parent/Carer _____ Date _____

I Do/Do Not give consent for Bumblebees Day Nursery to apply Nursery sun cream to _____ (child's name)
in an emergency should no cream be provided

Parents/Carers Name: _____

Signature Parent/Carer _____ Date _____

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FACE PAINTING

From time to time at Bumblebees the staff and children have a chance to have their faces painted, if you would like your child to take part in the planned face painting activities, we would require signed consent.

I Do/Do Not give consent for Bumblebees Day Nursery to use Face Paints on _____ (Child's Name)

Parents/Carers Name: _____

Signature Parent/Carer _____ Date _____

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Administration of Calpol.

Bumblebees Day Nursery will administer a maximum of 5ml of Calpol In the situation of your child having a raised temperature and in accordance with our Medication Policy.

Calpol will only be given following telephone contact with the parent/carer as an interim measure whilst waiting for the parent/carer to arrive and we will not administer Calpol in any other circumstances apart from those set out in the Medication Policy.

I do/do not give permission for Bumblebees Day Nursery to administer a maximum of 5ml of Calpol to _____
In the event of them having a raised temperature.

Parent/carers Name _____

Signature parent/carer _____ Date _____