

 Health Declaration and consent form

Please Circle as appropriate

Childs Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies or intolerances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes / No

If yes please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Whilst all practical and reasonable precautions are taken, due to the nature of the kitchen and the types of food we serve, we cannot guarantee cross contamination between food types. Whilst a child with a **severe** allergy is in the setting, we do not have foods containing the specific allergen served during their period of attendance.

Does your child have any special needs of requirements? Medications/Dietary ie vegetarian etc. Yes / No

If yes please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have any distinguishing marks/birthmarks? Yes/No

If yes please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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In the unlikely advent of your child requiring hospital attention every effort will be made to contact you to gain parental consent for any treatment required, should you be unavailable for contact do you authorise the pre-school owner, manager, leader, or deputy to give consent to hospital suggested treatment (In a life threatening situation the Hospital would usually take this responsibility). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes / No

Do you give authorisation for the pre-school Owner, manager, leader or deputy to administer prescribed medication when required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes / No

Do you give authorisation to the Special Education Needs co-ordinator (S.E.N. CO)?

Or leader/Manager to discuss the needs of your child should it be required, with the local

Authority Area S.E.N.co (We will always work closely with you relaying all information discussed about your child and should further advice /action be required then further permission will be sought.

All information held by us will be maintained in the maximum of confidentiality.

During your child’s time at preschool records will be made of their progress, do you give

Authorisation for these records to be forwarded to another pre-school or primary school when your child moves on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes / No

Do you give authorisation for the pre-school owner, manager, leader and helpers to take?

Your children out of pre-school for the occasional outing? i.e. library, school, shops etc.\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes / No

Permission is required for photographs to be to be taken and displayed in our pre-school and on our web site. Do you give your permission for this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes / No

We have read the above declaration and give our consent as indicated above.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

 Health Declaration and Consent from continued

Do you give permission for the designated key worker to share development stages with your child/children’s child minder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ yes /no

Our safeguarding directives require us under specific situations to share information without the *consent of or the authorisation of the legal guardian of the children* if it is in “PUBLIC INTERSET” That is when;

1. It is to prevent a crime being committed too, or to intervene where a crime may have been or to prevent harm to a child or young adult
2. Not sharing it could be worse that the outcome of having shared it.

Is there any more information you would like to share/add about how we can support you with your health and wellbeing at home?

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We have read all the above declarations and give our consent as indicated.

Please sign below to confirm your understanding of these declarations and the requirements of information sharing.

Parent/carer signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further guidance available from the HM.GOV WEB SITE

* Information sharing: Advise for practitioners providing safeguarding services to children

Young people, parents and carers

* What to do if you’re worried a child is being abused: Advise for practitioners
* Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children.