

Child Protection Form

Please complete and sign the following:

CHILD'S NAME.....

I **agree/disagree** to my child receiving **emergency medical treatment** in the unlikely case of an accident/emergency and we could not be contacted.

For Early Years Foundation stage planning purposes and as part of NVQ coursework, we observe and assess the children.

The results will always be confidential, although available to you.

I **agree /do not agree** to my child being **observed/assessed**.

During the warmer days there may be times when applying sun-cream is appropriate. We will only apply sun cream provided by you, please delete as appropriate and sign below to confirm your preferences.

I **agree/do not agree** to your putting **sun-cream** on my child.

Is your child allergic to plasters/wipes or anything else that we should know about?
.....is /is not allergic to

We like to cook or prepare food with the children when linked to our topics.

I **agree/do not agree** to my child taking part in **food preparation or cooking** activities.

Please delete as appropriate. Thank you for your co-operation.

Signed.....Date.....