



## Permissions Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Emergency Permission

In the event of an accident or sudden illness we will make every effort to contact you, but should we be unable to reach you we need your permission to seek medical treatment.

I give consent for the playgroup staff to seek urgent medical attention and authorise treatment for my child, including an anaesthetic, should it be indicated as necessary by the medical staff caring for my child.

**Signed**

**Date**

### Data Protection

The personal information on the registration form and other records of achievement about your child will be kept securely either on the Hopscotch premises or at the registered company address. We are happy for you to see information on your child at any time, unless there is concern regarding a child's protection. In these circumstances we reserve the right to pass information to the correct authorities without your consent. In all other circumstances information will be kept confidentially and not passed to third parties.

I give consent for information on my child to be handled in this way.

**Signed**

**Date**

### Permission for Local Outings

On occasions we plan to go on short, local outings, e.g. to the post box, local shop or the grounds of the Church of the Martyrs, Westcotes Drive. We will take the necessary health and safety precautions and ensure adequate supervision at all times. I give permission for my child to take part in short, local outings as outlined above.

**Signed**

**Date**

### Photographs

Photographs will NOT be put on our website and if used on public display boards at our premises, the child's name will NOT appear with the photograph.

I am happy for photographs of my child to be taken and used by Hopscotch for display purposes and internal use.

**Signed**

**Date**