**Name of Child…………………………………………………………………………………**

**Emergency Medical Treatment / Advice**

I give permission for Pre-School staff to seek emergency medical treatment or advice for my child

Parent / Carer Signature……………………………………………………………………………..… Date………………………………………….

**Photographs**

I give permission for photographs to be taken of my child. The photographs will onl;y be used for displays within the school

Parent / Carer Signature……………………………………………………………….……………… Date………………………………………….

On occasion, your child may be photographed alongside other children, e.g. for your child’s Tapestry Account. I give permission for my child to be photographed for Tapestry

Parent / Carer Signature…………………………………………………………………..…………… Date………………………………………….

**Observations**

I give permission for students to carry out observations on my child as part of their studies. I understand that the information is confidential and will only be available to members of staff and student assessors.This information will be available on request to Parents / Carers of children who are observed.

Parent / Carer Signature………………………………………………………………..……………… Date………………………………………….