Parental Consents

Childs name:

Please sign and complete the following consents. These are for your child's benefit and ensure the smooth running of WrapAroundCare4u.

I/we ……(insert signature(s)) agree that WrapAroundCare4u may apply sun cream to my/our child.

I/we ……(insert signature(s)) agree that WrapAroundCare4u may photograph my/our child and that these photographs may be used on display boards within the school or on our web site (note: for security reasons your child's name will not be listed against any photograph).

I/we ……(insert signature(s)) agree that WrapAroundCare4u may paint my/our child's faces with face paint.

I/we ……(insert signature(s)) agree that WrapAroundCare4u may refer any homework and learning related issues to my/our child's teacher.

I/we ……(insert signature(s)) agree that WrapAroundCare4u may take my/our child off the school premises to the park, and for walks and outings using WrapAroundCare4u's 'taking children out of the school' procedure.

I/we ……(insert signature(s)) agree that a senior member of the WrapAroundCare4u team may take my/our child to hospital in the case of an emergency.

I/we ……(insert signature(s)) agree that WrapAroundCare4u may take this form off the premises in the case of an emergency.

I/we……(insert signature (s)) agree that WrapAroundCare4u may use plasters on my/our child.

I/we……(insert signature (s)) agree that WrapAroundCare4u may administer prescription medication (e.g. for asthma, anaphylaxis or diabetes) to my/our child.

I/we……(insert signature (s)) agree that WrapAroundCare4u may give my/our child calpol or Neurofen (please specify which one) if he/she has a fever in excess of 38.0 degrees Celsius using WrapAroundCare4u's medicines procedure.

I/we……(insert signature (s)) agree that WrapAroundCare4u may give my/our child Piriton if he/she has an allergic reaction using WrapAroundCare4u's medicines procedure.