

EYFS Permissions Form – Tiny & Little Acorns

Local walks/Visits

As part of our EYFS curriculum here at Cobbs Brow we like to make use of the local community and take our pupils for walks within the local environment i.e. local shops, library, allotments, Tawd and local church. This provides children with vital opportunities to learn about the town in which they live. Please sign below if you give permission for us to take your child on local walks and visits.

| Signed | Printed | Dated |
|--------|---------|-------|
| | | |

Cookery

We will often take part in cooking activities as part of our EYFS curriculum. Children will have opportunities to make biscuits and cakes and explore and taste foods from other cultures. Please let us know if your child has any allergies or foods that you do not wish for them to consume.

| Allergies | Foods NOT to be eaten |
|-----------|-----------------------|
| | |

Face painting

As part of fun days and our EYFS Curriculum children may sometimes have the opportunity to have their faces / hands painted i.e. Comic Relief, Christmas Plays. Please sign below if you give permission for your child to have their faces painted.

| Signed | Printed | Dated |
|--------|---------|-------|
| | | |

Collection – Password System

Please provide us with a password that can be used in the event of you arranging for another adult to collect your child from school. Please ensure to make staff aware if someone different will be collecting your child from school. Staff members will ask any unfamiliar adults for this password before letting the child go at the end of the day.

| | | | |
|-------------|--|----------|--|
| Childs Name | | Password | |
|-------------|--|----------|--|

Emergency Treatment Declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by [the manager (or authorised deputy member of staff) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

| Signed | Printed | Dated |
|--------|---------|-------|
| | | |

Nappy Cream

I give permission for nappy cream (supplied by me) to be administered, when required, in accordance with manufacturer's instructions.

| Signed | Printed | Dated |
|--------|---------|-------|
| | | |

Suncream

I give permission for hypoallergenic suncream (supplied by me) to be applied, when required, in accordance with manufacturer's instructions.

| Signed | Printed | Dated |
|--------|---------|-------|
| | | |

Thank you.