



CONSENT FORM

Name of child:		Date:	
			Delete as applicable
Medical Consent			
I give my permission for my child to be taken to hospital and given emergency treatment, if necessary, in the event that I cannot be contacted.			<input type="checkbox"/> Yes / <input type="checkbox"/> No
Photographs			
I give permission for photographs to be taken of my child for use within Smartcare			<input type="checkbox"/> Yes / <input type="checkbox"/> No
I give permission for photographs of my child to be used for promotional material			<input type="checkbox"/> Yes / <input type="checkbox"/> No
I give permission for photographs of my child to appear on the Smarties and Smartcare website, (children's names will not be used)			<input type="checkbox"/> Yes / <input type="checkbox"/> No
Organised Outside Activities			
I give permission for my child to leave the building and take part in organised outside activities.			<input type="checkbox"/> Yes / <input type="checkbox"/> No
High Factor Sun cream			
I give permission for sun cream to be applied to my child by a member of Smarties staff, as necessary.			<input type="checkbox"/> Yes / <input type="checkbox"/> No
Any additional information you would like to share:			

Please sign below to confirm your consent:

Parent/Carer signature:

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