



Agreements and Consent Forms



Childcare Agreements and Consents

Policy and procedure checklist

In order to meet the requirements of the EYFS I must obtain parents and/or carers consent for all the policies relating to my childcare business.

If you do not give permission I am unable to do my job as a childcare provider.

Please sign to show that each document has been provided, read and understood and that you give permission for me to do all that is necessary to meet those policies by completing the relevant forms that follow

Care Learn and Play Policy	yes	no
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Data Protection Policy (GDPR)	yes	no
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I have

1. a childcare contract in place and have completed child record forms (Pg 4-11) or		
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yes	no
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2. an Occasional Care / Single Session Consent Form (pg 12-13)		
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yes	no
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Settling In Sessions Consent Form (if applicable)(pg 14-15)	yes	no
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Data Sharing, Confidentiality and Privacy Policy (pg 16-17)	yes	no
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Multiple Contact/Information Sharing Form (pg 18)	yes	no
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Permission to Administer <u>NON</u> -Prescribed Medication (pg 19)	yes	no
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Permission to Administer Prescribed Medication (pg 20)	yes	no
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Dental Hygiene Support & Toothbrush Log (pg 21)	yes	no
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Photograph Permissions (pg 22)	yes	no
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Special Outing Permission Form (pg 23)	yes	no
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Other permissions

I have seen relevant documents to ensure my child is safe, including

● Car insurance	yes	no
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● Public liability insurance	yes	no
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● DBS	yes	no
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● Registration certificate	yes	no
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● Paediatric First Aid Certificate	yes	no
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- | | | |
|--|-----|----|
| ● Allergen Information/ cautions | yes | no |
| ● ICO certificate | yes | no |
| ● Child Protection/Safeguarding Training Certificate | yes | no |

I give permission for

- | | | |
|--|-----|----|
| ● Travel in Donna's car (Vauxhall Vivaro) | yes | no |
| ● All routine outings similar to those in the policies | yes | no |
| ● All activities listed in the policies | yes | no |

Please give more information if no:

I am also aware that I can ask to see anything related to the care of my child

- | | | |
|---|-----|----|
| ● All records | yes | no |
| ● Attendance Register/account spreadsheet | yes | no |
| ● Other Risk Assessments | yes | no |
| ● Cleaning Schedule / Logs | yes | no |
| ● References | yes | no |
| ● Permission for business use at home | yes | no |

I am aware that my childminder has a legal requirement to have the following documents available for me to peruse:

- Statutory Framework for the Early Years Foundation Stage (EYFS)
- The Common Inspection Framework, Early Years Inspection Handbook
- Inspecting Safeguarding In Early Year
- Conducting Childcare Register inspections
- Early years compliance handbook

Signature of Parent/carer

Name of Parent/carer

Name of Child Date

Signature of childminder..... Date



Dreams of Special Stuff

Childcare Adventures ~ Play ~ Explore ~ Learn



CHILDCARE CONTRACT page 1 of 1

Childminder's Name: Donna Nevill

Registration No: EY561944

Insured By: Mortem Michel

Address: 50 Ashdown Drive, Tilgate, Crawley, RH10 5HB

Telephone No: 07904 426137

Email: donnanevill@aol.com

Child's name:	Address:		
Date of Birth:			
Parent / Guardian Name(s)	Telephone No(s):	Email(s):	

AGREED CHILDCARE ARRANGEMENT

Agreed Days/Times	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun	Tot hrs
from								
to								
Total hr/min								

Meals to be provided by childminder:	Special Dietary Requirements / Allergies:	Parents to provide:
I provide all meals and snacks unless parents prefer to provide food for younger children		Occasional contributions, ie: if something at home needs eating we can share it amongst the children

Additional Terms / Special Arrangements:

REVIEW AND TERMINATION

This agreement is subject to renew every 12 months.
At which time the childminder reserves the right to review fees and charges. At least 4 weeks notice will be given of any fee increase.

This contract is due for renewal on:

Following a settling in period of 2 weeks from the start date, ()

Notice of termination of this contract, by either party, is 4 weeks.*

*The parent / guardian is required to pay in full for the notice period stated, whether or not the child attends. The childminder must continue to make the childminding facility available for the full period of notice.

I / We have read and understand this contract.

I / We accept the terms and conditions stated and have received a copy of them.

I / We also agree to support all policies and procedures in place within the service and have access to these.

Childminder: _____ **Date:** _____

Parent / Guardian: _____ **Date:** _____

Co-signature: _____ **Date:** _____

This childcare contract will become a legal document once signed and dated by all parties involved.

FEES & CHARGES

Standard Fee/Your Bill: £5.00 per hr/ £___ per week is payable which includes a contribution towards fuel of £___ per week instead of £___ as detailed.

Fees to be paid A WEEK IN ARREARS
1st payment due _____ as contract started on _____
£___ every ___ day

Overtime: per hour / day/ week standard fee or as below

Unsocial Hours: before 7am/after 7pm / weekends £8.00 per hour

Public Holidays: per hour / day £8.00 per hour

Additional fees: in some cases additional help is offered by collecting or dropping off your child/ren ie: If you rely on public transport. An additional fee of £3.00 may be charged per journey. This will be stated above if applies to you. Please also see other policies.

Absence:
Due to Parent / Child Illness SAME CHARGE

Due to Childminder Illness NO CHARGE

Parent Occasional Days Off SAME CHARGE

Annual Holidays:
Parent / Child - AS AGREED THROUGH THE YEAR CHARGES ABOVE APPLY

Childminder - AS ABOVE FOR CANCELLATIONS

Parent / Childminder Holidays Coinciding N/A

At least 4 weeks notice is required for holidays for either parent or childminder.

Child Record Forms page 1 of 7

I aim to provide your child with the best possible care, meet their individual needs, and support them with their learning and development. Please can you help in completing this Personal Care Plan so I can gather the important information about your child to adequately carry out my role as a childminder. As you will see, this includes emergency contact details, dietary information, medical requirements, abilities, routines and favourite activities. I will ask you to review this information regularly to ensure it is up to date to maintain the safety and needs of your child at all times.

Any information provided will be treated as private and confidential. You would have already been provided with my policies.

Child's Full Name: _____ **Date Of Birth:** _____

Height: _____ **Weight:** _____ this is to ensure the correct car seat is used

Home Address:
Tel:

Lives with:

Mother's Name:	Day Time Tel:
Address: <small>(If different to child's)</small>	Mobile:
	Email:

Father's Name:	Day Time Tel:
Address: <small>(If different to child's)</small>	Mobile:
	Email:

Other Carer: <small>(parental responsibility)</small>	Day Time Tel:
Address:	Mobile:

School / Nursery:	Tel:
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Child Record Forms page 2 of 7

EMERGENCY CONTACTS

In the event of an emergency I will always try to contact parents / guardians first. If for whatever reason I cannot get in touch with you, please give the names and contact details of two other people I can call.

Name:
Address:
Tel:

Name:
Address:
Tel:

Please confirm that this emergency contact has consented to share their information.

YES NO

Please confirm that this emergency contact has consented to share their information.

YES NO

In the event of an emergency I give permission for Donna Nevill to take my child to hospital and receive any necessary treatment in my unforeseen absence.

I do not give permission for _____

SIGNATURE: _____

DATE: _____

SIGNATURE of Childminder: _____

DATE: _____



Childcare Arrangement

Days and times your child will normally attend:

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Morning / Afternoon / Full Day						
Before School						
After School						

Contracted Hours: _____ **PER WEEK** **Start Date:** _____

Additional Details: (Regular overtime / Term time / holiday arrangements, school / nursery drop off / collection, etc.)

Who will usually drop Off / collect your child?
 Anyone permitted to collect your child MUST BE OVER 16 YEARS OF AGE

Please confirm that consent has been given to share their information. YES NO

Dietary Requirements

Does your child have any special dietary requirements, allergies or food intolerances? YES NO

If yes please detail:

During their time with me, your child will require the following meals and snacks:

	Provided by Me	Provided by You
BREAKFAST		
MORNING SNACK		
LUNCH		
AFTERNOON SNACK		
EVENING MEAL		

If you opt for providing your own meals then please remember about our healthy eating policy and any allergy notices that have been supplied about others in my care.



Medical Information

Doctor's Name:
Address:
Tel:

Health Visitor's Name:
Address:
Tel:

Is your child fully up to date with their immunisations / vaccinations? YES NO

If no please detail:

Does your child have any health problems / allergies or food intolerances? YES NO

If yes please detail:

Does your child have any special needs or disabilities? YES NO

If yes please detail:

Please see my Special Needs / SEND Policy for details of support offered within my service.

Is your child is receiving medical treatment or do they require regular medication? YES NO

If yes please detail:

Please see my Use, Storage & Administration Of Medicine Policy for details about administration of medicine within my service.

Other Information

Main language:	Other languages spoken at home:
*Religion:	*Festivals celebrated at home:

*This information is optional but will assist me in and respecting your families religious / cultural beliefs and meeting care preferences.

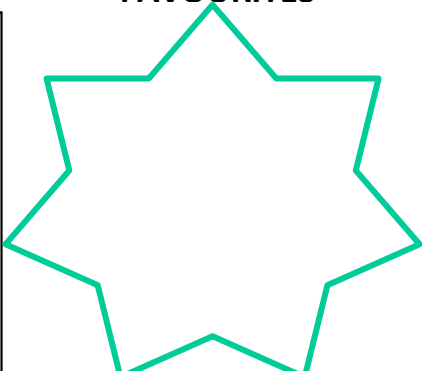


Likes, Dislikes & Favourite Things

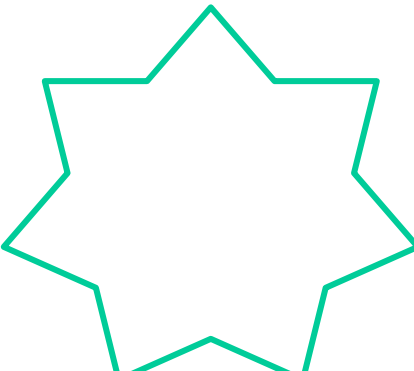
*This information is optional but will assist me in meeting individual needs and care preferences, for example providing toys and activities that your child likes and is familiar with will help to capture their interest and give them a sense of belonging.

FOOD & DRINK

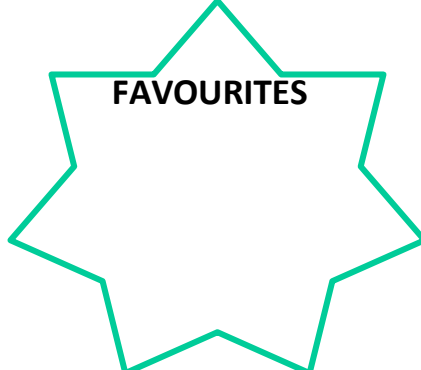
! ALLERGIES / INTOLERANCES: !

LIKES	FAVOURITES	DISLIKES
		

TOYS & ACTIVITIES

LIKES	FAVOURITES	DISLIKES
		

BOOKS / GAMES / TV PROGRAMMES / CARTOON CHARACTERS

LIKES	FAVOURITES	DISLIKES
		



*Routines & Self-Care Skills

DOB:

*The information on this page is optional but will assist me in meeting individual needs, care preferences and help to ensure the comfort of your child.

Today's date:

Can your child.... (Tick all that apply)

I can do

Sit without support	Drink from a trainer cup	Go to the toilet with help
Crawl	Drink from an open cup	Go to the toilet independently
Walk with help	Self-feed with finger foods	Dress themselves, put their coat on, etc.
Walk independently	Use a spoon or fork to feed themselves	Put their shoes on

Meals - Meals - Meals - Meals

Does your child have set meal times or routines? YES NO

If yes please detail:

Babies and Toddlers:

MILK My baby / toddler:

is Breast Fed Bottle Fed

will normally take ____ Oz from:

 a bottle a cup

WEANING My baby / toddler:

can manage:

 pureed small pieces

 mashed finger foods

- I am happy to make up formula feeds if you provide me with sterilised bottles and the correct amount of formula each day.
- If your baby is breast fed, please discuss this with me. I can re-heat breast milk provided it has been stored and chilled correctly as per current guidelines.
- I will support you with weaning your baby, please continue to discuss their progress with me so as we can work together to ensure suitable foods and routines are provided for your child.

Sleep - Sleep

Does your child usually sleep during the day? YES NO

If yes please detail how you would prefer me to support this. Is there a special pre-nap or post-nap routine?

usual sleep times: _____ duration: _____ where your child should sleep (bed, cot, sofa, pushchair, etc).

More information:

Nappies / Toilet Training

NAPPIES

How regularly would you like your child's nappy to be changed?

_____ (Dirty nappies will be changed immediately)

Does your child require any particular routine for nappy changing? Special creams, etc.

TOILETING

Does your child use:

 Potty Training seat Toilet

Does your child have any phobias? Please give details

Do they require help? YES NO

How does your child indicate that they wish to go to the toilet?



*Further Information

*This information is optional but will further assist me in meeting individual needs, care preferences and help to ensure the comfort of your child.

Please let me know any other information that you feel is important for me to know and that will help me to provide the best possible care for your child.

For example, is your child prone to temper tantrums or wandering off? Do they have any fears? Are they or have they been affected by any loss? Are they shy in large groups or around strangers?

Declaration

I confirm that the details I have provided are accurate and correct and understand that the information provided on this form will assist my childminder in meeting my child's individual care needs. I understand that any information I have provided is private and confidential.

I agree to inform my childminder immediately of any changes to contact details or other personal information about my child by text, verbal, by requesting to edit the form to ensure it has been recorded.

SIGNATURE: _____ DATE: _____

SIGNATURE of Childminder: _____ DATE: _____



Occasional Care / Single Session Consent Form

This form may be used for the purposes of occasional childcare arrangements or for single session care. Occasional care is care which is required on an ad-hoc or irregular basis for an average of three or less sessions per month. A single session arrangement is where care is only to be required for a single day or session.

For more frequent sessions or regular care arrangements, a childcare contract will require to be completed and agreed.

Before leaving your child in my care, I will need you to provide me with emergency contact details and other important information relevant to your child's care, for example; allergies, special dietary requirements, medical conditions or additional support needs. I would be very grateful if you could complete the following form to ensure the safety, wellbeing and comfort of your child.

Child's Full Name: _____ **Date Of Birth:** _____

Home Address:

Parent / Principle carer(s) contact details

Full Name	Relationship to Child	Contact Number

EMERGENCY CONTACTS

In the event of an emergency I will always try to contact parents / guardians first. If for whatever reason I cannot get in touch with you, please give the names and contact details of two other people I can call.

Name:
Tel:

Please confirm that this emergency contact has consented to share their information.

YES NO

Name:
Tel:

Please confirm that this emergency contact has consented to share their information.

YES NO

FIRST AID / EMERGENCY MEDICAL TREATMENT

I am trained in paediatric first aid and will administer first aid to your child in the event of an accident or seek medical / hospital assistance in an emergency. You will be informed of any incident as soon as possible.

IMPORTANT MEDICAL / DIETARY / SPECIAL CARE REQUIREMENTS

Does your child have any allergies, special dietary requirements, medical conditions or additional support needs? YES NO

If yes please provide further details:
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Please use this space to let me know any other information that will help me to make your child feel at ease and provide them with the best possible care.

For example, do they need assistance to go to the toilet, do they have set snack / meal or nap times?

What are their favourite toys and activities? Do they have a special toy, comforter or soother?

Is your child prone to temper tantrums? Do they have any fears? Are they shy in large groups or around strangers?

Agreed Single Session / Occasional Care Arrangement:

Date (s)	Session Times

Sessions will be charged at: _____ Per Session _____ Per Hour
(Payable at the beginning of each session)

TO BE PROVIDED BY CHILDMINDER	TO BE PROVIDED BY PARENT / GUARDIAN
Meals / Snacks / Nappies / Change of clothes etc.	

If for any reason your child is unable to attend a previously arranged session or you wish to make changes to the session times agreed, please contact me as soon as possible. A minimum of _____ notice is required to cancel or request changes to agreed sessions. **Non-attended sessions remain chargeable.**

Declaration

I give consent for my child to attend single / occasional care sessions. I have provided emergency contact information plus details of any allergies, special dietary requirements, medical conditions or additional support needs.

I understand that all fees must be paid in advance and remain payable unless the minimum notice period has been given for changes or cancellation.

SIGNATURE: _____ DATE: _____

SIGNATURE of Childminder: _____ DATE: _____



Settling In Sessions Consent Form page 1 of 2

I understand that leaving your child for the first time or in a new care environment is a big step and can be stressful and upsetting for both you and your child. Short settling in sessions provide opportunity for you, your child and myself to get to know each other better before contracted hours commence. These sessions also enable me to gather lots of information about your child, their likes and dislikes, routines, favourite activities and how to comfort them should they become upset. You are welcome to stay with your child during settling in sessions however, I would recommend that your stay is gradually shortened so as your child can get used to you not being there.

Please refer to my Settling In Policy for further details of my settling in procedures.

Before leaving your child in my care, I will need you to provide me with emergency contact details and other important information relevant to your child's care, for example; allergies, special dietary requirements, medical conditions or additional support needs. I would be very grateful if you could complete the following form to ensure the safety, wellbeing and comfort of your child.

Child's Full Name: _____ **Date Of Birth:** _____

Home Address:

Parent / Principle carer(s) contact details

Full Name	Relationship to Child	Contact Number

EMERGENCY CONTACTS

In the event of an emergency I will always try to contact parents / guardians first. If for whatever reason I cannot get in touch with you, please give the names and contact details of two other people I can call.

Name:
Tel:

Please confirm that this emergency contact has consented to share their information.

YES NO

Name:
Tel:

Please confirm that this emergency contact has consented to share their information.

YES NO

FIRST AID / EMERGENCY MEDICAL TREATMENT

I am trained in paediatric first aid and will administer first aid to your child in the event of an accident or seek medical / hospital assistance in an emergency. You will be informed of any incident as soon as possible.

IMPORTANT MEDICAL / DIETARY / SPECIAL CARE REQUIREMENTS

Does your child have any allergies, special dietary requirements, medical conditions or additional support needs

YES NO

If yes please provide further details:
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Settling In Sessions Consent Form page 2 of 2

Please use this space to let me know any other information that will help me to make your child feel at ease and provide them with the best possible care.

For example, do they need assistance to go to the toilet, do they have set snack / meal or nap times?

What are their favourite toys and activities? Do they have a special toy, comforter or soother?

Is your child prone to temper tantrums? Do they have any fears? Are they shy in large groups or around strangers?

Agreed Settling In Sessions:

Date	Session Times

If for any reason your child is unable to attend a previously arranged session or you wish to make changes to the session times we have agreed, please contact me as soon as possible so as we can make alternative arrangements.

These sessions will be charged at: **No Fee** _____ **Per Session** _____ **Per Hour**
(Payable at the beginning of each session)

Declaration

I give consent for my child to attend settling in sessions. I have provided emergency contact information plus details of any allergies, special dietary requirements, medical conditions or additional support needs.

Parent /Carer Signature: _____ **Date:** _____

SIGNATURE of Childminder: _____ **DATE:** _____



Childcare Agreements and Consents

Data Sharing Agreement

3.4, 3.6

Early Years Providers must have a Data Sharing Agreement.

Data sharing and recording is necessary to enable me to properly do my job and meet legal requirements.

Parents / carers must sign and give their consent to allow me to record as much information as possible about when information has been shared, with whom and for what purpose.

I will meet the EYFS requirements by:

- Treating all information shared with me as confidential, but if by not sharing the information it will compromise safety or welfare of a child or vulnerable adult I am required by law to disclose sensitive and confidential information to appropriate agencies. The safety of a child is paramount (see Child Protection Policy)
- Sharing information to enable a regular two-way flow of information with parents and/or carers, and with other early years providers, if a child is attending more than one setting
- Having an Information Asset Register for each child, member of staff or assistants to record information that has been shared - what, with whom, when and why
- Detailing when information has been shared, with whom and for what purpose
- Asking parents and/or carers to share progress checks with the Health Visitor or Community Nursery Nurse where necessary.

If you do not give permission for me to act on the above requirements I am unable to do my job as a childcare provider. Therefore I ask you to please sign this document if you have read and understood this policy and give permission for me to share information.

Confidentiality, Privacy and Data Sharing Agreement

I give permission for my childminder to collect and process non-statutory information about my child such as the name of my child's GP, interests, likes and dislikes etc, as well as sensitive classes of information including my child's racial or ethnic origin, religious or other beliefs, and physical or mental health details. I understand that this information will be kept confidential and shared as above with other settings as appropriate or in the event of a child protection issue. I am aware that information collected will be kept until my child is 21 years and 3 months for insurance purposes. I am also aware that I can withdraw my consent if it is not a legal requirement to keep the consent in place. If I request copies of what I have provided this should be done within a month.

Child Protection statement

I will treat all information shared with me as confidential, but if by not sharing the information it will compromise safety or welfare of a child or vulnerable adult I am required by law to disclose sensitive and confidential information to appropriate agencies.

Signature of Parent/carer Name of Child

Date

Signature of childcare provider Date



Data Sharing Agreement

Parental Agreement

Date: _____

This Data Sharing Agreement is between:

Data Controller (Person/ Organisation sharing data)	&	Data Processor (Person/ Organisation data is being shared with)
Address		Address
Contact Information		Contact Information

Specific purpose for which data is being shared:

Data Sharing Arrangement:

Data Items Shared	Legal Basis For Sharing	Method of Sharing

Terms of Data Sharing Agreement

- Data may only be shared where there is a clear and lawful basis for doing so.
- The data processor has a responsibility under the General Data Protection Regulation(GDPR) to ensure data is secure once shared.
- The data recipient (data processor) must agree to use any data shared in accordance with GDPR law.
- Data will only be retained for as long as it is required to fulfil its purpose or to satisfy any legal obligation.
- The data subject (parents or children) have the right to access, rectify or erase data and to object to data sharing.
- In the event of a serious data breach, the data subject and the Information Commissioner's Office will be informed without delay and a Data Breach Register completed.

Declaration

I confirm that I have read and understand the terms of this Data Sharing Agreement. I agree to the sharing of data as detailed on this form with the named data processor for the purposes specified.

I understand that I have the right to object to data sharing and also to access, rectify or erase data.

SIGNATURE: _____ DATE: _____

SIGNATURE of Childminder: _____ DATE: _____



Multiple Contact/Information Sharing Form

Please complete this form if your child is to be regularly dropped off at or collected from the setting by other responsible adults, e.g. grandparents, aunts, uncles, friends, etc.

Please note, only adults who you have added to your collection list will be permitted to collect your child from the setting.

Child's Full Name: _____ **Date Of Birth:** _____

Principle carer(s) contact details

Full Name	Relationship to Child	Contact Number	Email Address

Details of other person(s) who will regularly drop off / collect your child (MUST BE OVER 16 YEARS OF AGE)

Full Name	Relationship to Child	Contact Number	Email Address

Days of attendance and person who will normally drop off/ collect:

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Will normally be dropped off by						
Will normally be collected by						

Information Sharing

Please detail any aspect of your child's care that you would prefer me to **only discuss with you** as your child's principle carer. For example toilet training, weaning, development progress, etc.

Please select the method(s) you would like me to use to pass on important information to you and others who will regularly drop off / collect your child. All messages will also be forwarded to you as the main carer.

Name	Via Text	Via Email	Other

SIGNATURE: _____ DATE: _____

SIGNATURE of Childminder: _____ DATE: _____



Permission to Administer NON-Prescribed Medication

Child's Full Name: _____ Date Of Birth: _____

ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

I have read my childminder's Use, Storage & Administration of Medication Policy. I give permission for the following non-prescription medication to be administered to my child if he / she needs it:

Please TICK / CROSS or add alternative items to the list below.

	YES	NO

I understand that I will need to have provided this medication in the bottle/packaging it was purchased and clearly labelled with my child's name and instructions on dosages allowed.

I expect my childminder to contact me prior to administering medication, especially if my child has been in care for less than 4 hours. I will advise my childminder, when dropping off my child, if I have already given my child any medication prior to arrival and sign for any medication my childminder has administered when I return to collect my child.

Please note a separate consent form will require to be signed for PRESCRIBED MEDICATION

If you have any concerns regarding medication procedures, please do not hesitate to discuss them with me.

Declaration

I confirm that I have read and understood the setting's Use, Storage and Administration Of Medicine Policy.

I have detailed accurate medication and dosage information and provided medication in the original bottle/packaging as purchased and clearly labelled with my child's name and dosage instructions.

I agree to sign for any medication given when I return to collect my child.

In the event of an emergency I give permission for Donna Nevill to take my child to hospital and receive any necessary treatment in my unforeseen absence.

I do not give permission for _____

SIGNATURE: _____ DATE: _____

SIGNATURE of Childminder: _____ DATE: _____



Permission to Administer Prescribed Medication

Child's Full Name: _____ Date Of Birth: _____

ADMINISTRATION OF **PRESCRIPTION** MEDICATION

I give permission for the following prescription medication to be administered to my child as stated and prescribed by my child's doctor / health visitor / pharmacist:

Medication	Dosage

I can confirm that I have administered my child with the first dose / application of this medication at home and have seen no evidence of allergic reaction or reason for concern.

First Dose administered on: _____ Time: _____

I understand that I will need to have provided this medication in the original bottle/packaging as dispensed and clearly labelled with my child's name and dosage instructions.

I expect my childminder to contact me prior to administering the medication, especially if my child has been in her care for less than 4 hours. I will advise my childminder, when dropping off my child, if I have already given my child any medication prior to arrival.

I understand I must sign for any medication administered when I return to collect my child.

If you have any concerns regarding medication procedures, please do not hesitate to discuss them with me.

Declaration

I confirm that I have read and understood the setting's Use, Storage and Administration Of Medicine Policy.

I have detailed accurate medication and dosage information and provided medication in the original bottle/packaging as dispensed and clearly labelled with my child's name and dosage instructions.

I agree to sign for any medication given when I return to collect my child.

I GIVE CONSENT FOR THE ADMINISTRATION OF THE PRESCRIPTION MEDICATION DETAILED ON THIS FORM.

SIGNATURE: _____ DATE: _____

SIGNATURE of Childminder: _____ DATE: _____



Dental Hygiene Support & Toothbrush Log

Child's Full Name: _____ **Date Of Birth:** _____

Evidence shows the importance of good dental health and the benefits of teaching children how to clean their teeth properly. If you would like me to support you in teaching your child to clean their teeth properly during their time in my care, please complete the following consent form.

PERMISSION TO PROVIDE SUPPORT WITH DENTAL HYGIENE / TOOTHBRUSHING

I give permission for my child to be supported with brushing their teeth. I understand that my child will be provided with their own identifiable toothbrush and tube of toothpaste and that these will be stored appropriately. My child will be provided with a new tooth brush every three months, or sooner if required, and will be supervised at all times when brushing their teeth.

I WOULD LIKE FOR MY CHILD TO BE SUPPORTED WITH TOOTHBRUSHING:

I understand that I have the right to withdraw consent at any time.

SIGNATURE: _____

DATE: _____

If you have any concerns about dental hygiene procedures please do not hesitate to discuss them with me.

ITEM ISSUED TOOTHBRUSH / TOOTHPASTE	COLOUR / TYPE	REPLACE ON



Photograph Permissions

Child's Full Name: _____ Date Of Birth: _____

I have read my childminder's Mobile Phone, Camera and Photographs Policy and understand how my childminder might use images of my child.

I give permission for my contact information to be stored on mobile phone for ease in case of emergencies and have checked with other emergency contacts that this is ok **YES NO**

I GIVE PERMISSION FOR PHOTOGRAPHS TO BE TAKEN OF MY CHILD AND THAT THESE PHOTOGRAPHS MAY BE USED FOR THE FOLLOWING PURPOSES:

Please TICK 'Yes' or 'No' to confirm how photographs of your child may or may not be used.

YES NO

To share my child's experiences and achievements directly with me (Or any other named individuals on a signed Multiple Contact Information Sharing Form)		
As evidence of activities undertaken by my child (May be shown on inspection to evident how statutory requirements are being met)		
For my child's personal development records (Learning Folder / Development Records)		
For my child's Emergency Contact Card (To assist with identification in an emergency plus alert to allergies /medical conditions)		
To give children a sense of belonging within the setting (e.g. Group photographs / Albums, General nice photos to share with you.)		
To share information with existing and prospective families (display board, information / welcome booklets and newsletters)		
To promote or share news about the childcare setting (e.g. Website or private Facebook page.)		

If you have any concerns about how photographs of your child may be used, please do not hesitate to discuss them with me.

Declaration

I confirm that I have read and understood the information provided on this form and that I give consent for photographs of my child to be used for all purposes where I have ticked the 'Yes' box.

I understand that I have the right to amend these permissions or withdraw consent at any time.

SIGNATURE: _____ **DATE:** _____

SIGNATURE of Childminder: _____ **DATE:** _____



Special Outing Permission Form

Name of Child _____

DOB _____

DETAILS OF TRIP / OUTING:

Going to / Venue	
Date	
Departing setting at	
Returning to setting at	
Transport Arrangements	
Additional Cost	
Planned Activities	
Please bring (Clothing / Equipment)	
Additional Information	

EMERGENCY CONTACT INFORMATION:

Please provide the names and telephone numbers for two persons who I may contact in the event of an emergency during the duration of this trip.

Name:
Tel:

Please confirm that this contact has consented to share their information.

YES NO

Name:
Tel:

Please confirm that this contact has consented to share their information.

YES NO

Please refer to my Outings Policy for details of how I will ensure your child's safety when on outings. If you have any concerns or questions about this outing, please do not hesitate to discuss them with me.

I confirm I have provided up to date emergency contact information and consent to my child participating in the special trip / outing as detailed above.

SIGNATURE: _____ **DATE:** _____

SIGNATURE of Childminder: _____ **DATE:** _____

