

Parental Permission Forms

Permission for Routine outings with the childminder

I/we agree for the child named below to go on routine outings with the
childminder named below.

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date

Parental Permission Forms

Release of information permission

I/we agree for the childminder named below to release information about the child named below when registering at toddler groups/clubs etc.

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Parental Permission Forms

Sun protection cream application permission

I/we agree for sun protection cream to be applied to the above-named child
by the childminder named below

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date

Parental Permission Forms

Observation permission

I/we understand that ongoing observations will be undertaken of the child named below to follow and assess their development and in order to support the childminder in working towards any qualifications. These may be in the form of written statements, photographs/videos or tape recordings.

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date

Parental Permission Forms

Outdoor play equipment permission

I/we agree for the child named below to use play equipment in gardens, parks or playgrounds while in the care of the childminder named below.

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date

Parental Permission Forms

Transporting in a vehicle permission

I/we agree for the above-named child to be transported in a vehicle with the childminder named below.

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date

Parental Permission Forms

Photo ID permission

I/we agree for the childminder named below carry photo ID of the child named below to assist in his/her identification in the event of an emergency

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date

Photo permission

I/we give permission for the childminder named below, or a person nominated by the childminder, to take photos of the child named below for the reasons I/we have indicated below:

- to record the child(ren)'s daily routine to record the child(ren)'s development
- to share with the child's parents the childminder's own album
- the childminder's coursework the childminder's promotional literature
- the childminder's website the NCMA website
- NCMA publications, such as Who Minds?
- other publications, such as the local newspaper other organisations' websites
- childminding network publicity/displays childminding network website
- promotional literature of other organisations such as the local childminding group
or childminding network
- other reasons specified by the childminder in the box below.

Child's Name	
Childminder's Name	
Childminder's Signature	
Date	

Parent/Carer's Name	
Parent/Carer's Signature	
Date	
Parent/Carer's Name	
Parent/Carers Signature	
Date	

Parental Permission Forms

Public transport permission

I/we agree for the child named below to be taken on public transport with the childminder named below.

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date

Parental Permission Forms

Day trip permission

I/we agree for the above-named child to go on the following day trip

.....

With the childminder named below.

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date

Permission for Emergency Medical Treatment

I/we agree for my childminder to seek any necessary emergency medical advice or treatment required in the future.

With the childminder named below.

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date

(If you do not wish to give permission because of religious or cultural reasons, please provide written instructions about your wishes)

Permission for Non Prescription Medicines

I/we agree for my childminder to Administer Non Prescription Medicines as ticked below as and when required.

I would like the following non prescription medications to be administered to my child when required for health reasons.

- Calpol Paediatric
- Teething Gel
- Cough Syrup
- Calpol six plus
- Sudocream
- Other please specify:

Child's Name

Childminder's Name

Childminder's Signature

Date

Parent/Carer's Name

Parent/Carer's Signature

Date

Parent/Carer's Name

Parent/Carers Signature

Date