

PARENT PERMISSION SHEET

Supplement to Enrolment

Child's First Name: _____ Middle Name/s: _____

Surname: _____ Date of Birth: ___/___/___ Male: Female:

PARACETAMOL

In the event of my child's temperature reaching 38 degrees. I give permission to administer Paracetamol at the recommended dosage. Note: Please refer to the Centre's medication policy for further details regarding administration of paracetamol. Parents will be contacted first or the child's emergency contacts. If they are unavailable the child's doctor will be notified.

Parent's Signature: _____ Date: ___/___/___

ASTHMA MEDICATION

I will supply the Centre with an asthma plan giving instructions on the administering of asthma medication.

Medication Required: YES NO

Parent's Signature: _____ Date: ___/___/___

ANTISEPTICS AND CREAMS

Some children may require treatment for accidents or insect bites during there time at the service. The centre uses Savlon and Stingoes at these times. The centre also uses sorbolene or sudocream cream at times of nappy rash or skin irritations. Please sign below to give the centre permission to use these products when necessary.

Parent's Signature: _____ Date: ___/___/___

SUNSCREEN

Children need sun protection all year round. As well as wearing hats, we will be using sunscreen on the children. Please sign below giving permission to use sunscreen.

Parent's Signature: _____ Date: ___/___/___

ANTIBIOTICS

24 hours need to have lapsed from the first dose of antibiotics before your child returns to Care in case of possible allergic reactions and to allow antibiotics to take full effect, preventing infection spreading to others. I understand and will abide by this antibiotic policy.

Parent's Signature: _____ Date: ___/___/___

STUDENTS

From time to time Dinky Di has students completing practicum studies at our Centre. These students will need to complete observations and programs on the children within the Centre. (Students agree that staff will view all their written work before submission. Students will have to seek individual parent permission to use photos of your children in their written work). Please sign below if you agree that your child can be part of these observations and programs.

Parent's Signature: _____ Date: ___/___/___