



# SSUK

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## Administering Medication and Photo Written Consent Form

To ensure we are complying with Ofsted guidelines and best practice, we require all parents to complete the below this opt in form. Please note your child will not be able to attend without this for being completed.

<b>Administering Paracetamol (Calpol)</b>	
In the event that your child has a high temperature, do you give consent for our staff to administer the recommended dosage amount of infant suspension paracetamol (Calpol) to your child?	
Please complete the following written consent form:	
Please put an 'X':	
Yes, I give consent for the administering of paracetamol in case of a high temperature	
No, I do not give consent for the administering of medication	
<u>PRINT CHILD'S FULL NAME</u>	
<u>PRINT FULL NAME OF PARENT/CARER</u>	
<u>SIGNATURE OF PARENT/CARER</u>	

<b>Administering Antihistamine (Piriton)</b>	
In the event that your child displays symptoms of an allergic reaction, do you give consent for our staff to administer the recommended dosage amount of Piriton (chlorophenamine maleate) to your child?	
Please complete the following written consent form:	
Please put an 'X':	
Yes, I give consent for the administering of antihistamine allergy relief syrup in the event of an allergic reaction	
No, I do not give consent for the administering of medication	
<u>PRINT CHILD'S FULL NAME</u>	
<u>PRINT FULL NAME OF PARENT/CARER</u>	
<u>SIGNATURE OF PARENT/CARER</u>	

<b>Photography / Videos</b>	
There will be occasions whereby photographs or videos will be taken of children taking part in activities for newsletters or advertising. No names will be attached to any photographs. We will only do this if we have obtained written opt-in consent from you.	
Please complete the following written consent form:	
Please put an 'X':	
Yes, I give consent for my child to be in photos or videos for informative or advertisement purposes.	
No, I do not give consent for photos or videos to be taken of my child.	
<u>PRINT CHILD'S FULL NAME</u>	
<u>PRINT FULL NAME OF PARENT/CARER</u>	
<u>SIGNATURE OF PARENT/CARER</u>	