

CAMBRIDGESHIRE REGIONAL COLLEGE
HUNTINGDON CAMPUS
TEDDY BEAR NURSERY
PARENTAL PERMISSION FORM FOR EMERGENCY TREATMENT

In order for staff to ensure that your child receives the best and most appropriate care, attention and treatment, should there be an emergency, in the nursery or while out on an authorised outing, you need to complete, sign and date the declaration below. All staff are paediatric 1st Aid trained

Name of Registered Day Care: **Teddy Bear Nursery**

Name of Child: _____

Date of Birth: _____

Name of Parent/Guardian 1 _____

2 _____

Please complete, sign and date the following declaration:

I/We agree to the nominated person (Head of Nursery) in the provision or the deputy manager taking the necessary steps to ensure that my child _____ (name of child) receives the best and most appropriate care, attention and treatment, should there be an emergency in the nursery or while my child is on an authorised outing. I understand that the Head of Nursery/deputy manager will make every effort to inform me of any emergency or accident as soon as possible after the event, I understand that they may have to accompany my child _____ (name of child) to hospital in case of a serious accident in my absence. I give my permission for the Head of Nursery/ deputy manager to authorise hospital staff to administer essential treatment until my arrival.

Signed by Parent/Guardian 1 _____

2 _____

If you do not agree with any or all of the above declaration, please do not sign it but make your views known in the space below. The Head of Nursery/Deputy Manager will discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the declaration and would prefer the following procedure to be followed for my child _____ (name of Child) in the event of an emergency:

Signed by Parent/Guardian 1 _____

2 _____