



**THE NEWMAN PRE-SCHOOL PLAYGROUP**

Crofton Halls  
 York Rise  
 Orpington  
 Tel: 01689 832158  
 EMERGENCY CONTACT NUMBER DURING SESSIONS: 07989 280639

Playgroup Leader: Heather Grant  
 Tel. Enquiries: 07967 764384

**Emergency First Aid Consent Form**

Child's Name..... Date of Birth.....  
 Address..... Tel No .....  
 ..... Mobile No .....

**Parents' Details:**

Mother's name..... Father's name.....  
 Contact No ..... Contact No .....

**Emergency Tel No and alternative contact, should you be unobtainable:**

Name ..... Doctor's name .....  
 Tel No ..... Tel No .....  
 Mobile No ..... Address .....  
 Relationship to child .....

<u>Health</u>	<b>Does your child have:</b>	<u>Immunisations*</u>	<b>Has your child had:</b>
Asthma	Yes/No	Diphtheria x 3	Yes/No
Inhaler	Yes/No	Tetanus x 3	Yes/No
Eczema	Yes/No	Polio x 3	Yes/No
Epilepsy	Yes/No	Whooping cough x 3	Yes/No
Diabetes	Yes/No	Hib x 4	Yes/No
Allergies*.....		MMR – first dose	Yes/No
Medication.....		Rotavirus x 2	Yes/No
Dietary needs.....		Menigitis C x 2	Yes/No
Other .....		Pneumococcal PCV x 2	Yes/No
		Pre-school booster	Yes/No
		MMR – second dose	Yes/No

Religion and any helpful information: .....

**\*Please ensure that you keep the pre-school updated with any new allergies that your child may develop during their time at the pre-school.** **P.T.O**

**\*If your child had the recommended vaccinations at 2, 3 and 4 months together with the booster and first MMR at 12/13 months, they will have had all bar the last two immunisations. The pre-school booster and second MMR are usually given shortly after your child is 3 years old.**

### Health Declaration

In the unlikely event of your child having an accident at pre-school, every effort will be made to contact you in order that the normal parental consent can be given for treatment. However, should we be unable to contact you immediately, would you please read the following statements and sign below to authorise the Playgroup Leader or Deputy to act on your behalf.

My child is not allergic to sticking plasters and may have them applied, if necessary.

Signed ..... Date.....

Relationship to child .....

I give my consent for the Playgroup Leader or Deputy to administer prescribed medication, when required.

Signed ..... Date.....

Relationship to child .....

I permit the Playgroup Leader or Deputy to give consent for emergency treatment in my absence.

Signed ..... Date.....

Relationship to child .....

I give my consent for my child to be taken to Accident and Emergency, if necessary.

Signed ..... Date .....

Relationship to child .....

### Break-time drink

Children will be offered the choice of both milk and water with their mid-morning snack. Please tick below to indicate which drinks can be given. You can choose both drinks.

Milk ..... Water.....

***Please note that we require half a term's written notice of intention to leave the Playgroup, otherwise a full half-term's fee will be charged.***

Signed ..... Date.....

Relationship to child .....