

Declaration Form

Child's Name:

Hoolth			

Health

In the unlikely event of an accident or an emergency we will administer emergency first aid and seek further medical assistance.

Safeguarding

Child safety and family need is a key part of our service. We will work with families to support and signpost to other external agencies in times of need. This may require sharing information within our policy structure.

Parent Name:

Outings

Outings and trips give children the opportunity to learn about the wider world and their environment.

On occasions we may take the children out to the park or local shops.

I do not wish my son/daughter to participate in outings that are held outside of the pre-school	Parent signature	Date
I am happy for my son/daughter to participate in outings that are held outside of the pre-school	Parent signature	Date

Media

We take photographs/video of the children for advertising and marketing through the internet and social media sites such as www.playplace.org, Facebook, Twitter. Please sign in the boxes to give consent for your child						
Photographs displayed at the	Parent signature	Date				
setting						
Photo's/video posted on Facebook	Parent signature	Date				
Photo's/video posted on Twitter	Parent signature	Date				
Photos/video posted on Play Place Website	Parent signature	Date				
I give consent for Play place to inform me and send me information through email and communication systems	Parent signature	Date				
Parents email address-to access child's information	Email address					

Policies

Play Place polices are a working	Parent signature	Date
document that safeguard families		
who		
use our provision. Policies are		
available at all times for parents to		
read, these can also be found		
online at		
www.playplace.org		
Please confirm that you accept		
and abide by Play Place polices.		