

# Badger Club Consent Forms

Child's Full Name:

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## Photographs

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Badger Club we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent or carer of the child above, I grant permission for images of my son or daughter to be used for the following purposes:

*(please tick for consent)*

- Electronic and printed displays and exhibitions at the Club (eg photos of activities)
- Club's \_\_\_\_\_ official \_\_\_\_\_ website
- To accompany staff or student coursework

Personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Parent's/carer's signature: \_\_\_\_\_ Date \_\_\_\_\_

Child's Full Name:

\_\_\_\_\_

### Administer medicine

<b>Child's name:</b>	<b>Date of birth:</b>
<b>Child's address:</b>	
<b>Parent's contact no:</b>	
<b>Doctor's name:</b>	<b>Telephone no:</b>
<b>Address of surgery:</b>	
<b>Reason for medicine:</b>	
<b>Name of medicine:</b>	<b>Storage requirements:</b>
<b>Dosage:</b>	
<b>Times to be administered:</b>	

I give permission for medicine to be given to my child in accordance with the details above.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Staff at Badger Club will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- We can only administer prescription medication if it has been prescribed for the child in question by a doctor, dentist, nurse or pharmacist. Note that we can only administer medication containing aspirin if prescribed by a doctor.

If you have any concerns or questions, please contact the manager.

*All information will be kept confidential in line with our **Data Protection Policy** and our **Privacy Notice**.*

*Registered charity 1175264*

Child's Full Name:

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## Sun Protection

Badger Club is concerned about protecting your child from sunburn and skin damage. Please provide a suitable hat, such as a legionnaire's hat or sunhat. On sunny days, apply sunscreen to any exposed parts.

With your consent we will also help your child apply sunscreen when necessary. Please complete and return the consent form.

I am happy for my child to have sunscreen applied at Badger Club.

*Please delete as appropriate:*

**(A)** I am happy for my child to use the sunscreen provided by the Club.

*or*

**(B)** I will provide a bottle of sunscreen labelled with my child's name for use at the Club.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Full Name:

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## Medical Consent

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital, I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Parent's signature:

Date:

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