Radiant Hearts
PRE-SCHOOL

Medical & Consent Form

CHILD'S FULL NAME | DATE OF BIRTH | CLASS

1. Emergency medical treatment

If your child needs urgent medical attention and we cannot reach you, we will call your doctor. If that is not possible we will seek emergency treatment. Please tick one.

- [ ] I authorise Radiant Hearts to seek emergency medical treatment for my child if I cannot be reached.
- [ ] I do not authorise this. My instructions are set out below.

INSTRUCTIONS OR RESTRICTIONS

2. Medication

We only give medication with written permission. Please complete one line per medicine. Medication must be in its original container, labelled with your child's name.

Medicine	Dose	Time(s)	Reason / conditions

- [ ] I give permission for staff to administer the medication listed above.
- [ ] I give permission for staff to apply sunscreen and insect repellent that I supply.
- [ ] I give permission for staff to apply basic first aid (plaster, cleaning a graze, cold compress).

3. Allergies and emergency plan

KNOWN ALLERGIES

SIGNS TO WATCH FOR

WHAT WE SHOULD DO IF A REACTION OCCURS

DOES YOUR CHILD CARRY AN ADRENALINE PEN?

☐ Yes ☐ No

WHERE IT IS KEPT

Illness

Please keep your child at home if they have a fever, are vomiting, have diarrhoea, or have an infectious rash or eye infection. If your child becomes unwell during the day we will call you to collect them. Full details are in the Parent Handbook.

4. Photographs and video

We take photos of everyday activities so parents can see what their child has been doing. You may tick some, all or none of these. Your choice does not affect your child's place, and you can change it at any time in writing.

- ☐ Photos of my child may be shared privately with me (daily updates).
- ☐ Photos of my child may be displayed inside the school (wall displays, classroom books).
- ☐ Photos of my child may be used on the Radiant Hearts website.
- ☐ Photos of my child may be used on Radiant Hearts social media pages.
- ☐ Photos of my child may be used in printed marketing (prospectus, flyers, banners).
- ☐ I do not consent to any photographs of my child being taken.

We never publish a child's full name alongside their photograph.

5. Outings and local walks

From time to time we take short supervised walks near the school. Separate written permission is requested for any outing that involves transport.

- ☐ I give permission for my child to take part in supervised walks near the school grounds.
- ☐ I would like to be asked each time.

6. Collection

Children are released only to the parents, emergency contacts and authorised people named on the enrolment form. Anyone collecting for the first time should bring photo ID. If someone else must collect your child, please tell us in writing or by phone before collection time.

7. Sun and outdoor play

- ☐ I will supply a labelled sun hat and sunscreen.
- ☐ I give permission for my child to play outdoors daily, including water play in warm weather.

8. Declaration

I confirm that the medical information given here is accurate and complete, and I will inform the school promptly of any changes. I understand that the permissions I have ticked remain in place until I withdraw them in writing.

PARENT / GUARDIAN NAME _____ SIGNATURE _____ DATE _____

Office use: received by _____ date _____ copy filed _____