



# Consent Form

- In an emergency, I agree to my child receiving first aid attention by a member of staff, or treatment by a member of the medical profession.
- I agree to my child making occasional supervised visits to the local shops, post office, library etc.
- I give consent for my child ..... (please print name) to be photographed and/or videoed at Rose Street Nursery
  - during concerts/performances (including by other parents)
  - at play
  - by the school photographer
  - by local news publications

Signed ..... (parent/carer)

Date .....