



KNOW THE CHILD and PARENT CONSENT FORM

My first name :	My nickname:
My favourite food :	My favourite drink:
My favourite toys :	My favourite activities:
My favourite songs/rhymes :	My favourite story:
I spend most time with :	My sleep time pattern:
Can I drink from a cup :	Can I feed myself:
Can I understand English :	Am I toilet trained:
I have been to nursery before :	I can speak clearly in:
If I am upset, what comforts me:	My current daily routine:

Which school/curriculum are you planning to enrol your child after Dewdrops:

AUTHORISED PERSONS TO COLLECT CHILD FROM NURSERY

First person name:	Relationship/Contact:
Second person name:	Relationship/Contact:

NON-PRESCRIPTIVE MEDICATION POLICY: The school nurse may feel the need to administer basic medication if required. Do you allow the school nurse to administer following ? :

- Calpol
- First aid ointment/dressing

EMERGENCY POLICY : In case of emergency, if nursery is unable to contact any of parents, child will receive first aid by nursery staff and if necessary, be transported to nearest clinic/hospital :

- We agree to allow nursery to adopt above policy in case of emergency

Parent name:

Signature:

Date: