



## **KCS Consent Requests for Out of School Club**

Please delete as appropriate

I **do/don't** consent to emergency treatment been given as necessary during the running of wrap around care.

I **do/don't** consent to Emergency hospital treatment should the delay in obtaining my signature be considered by the Doctor to endanger my child's Health & Safety.

I **do/don't** give consent to photographs & videos being taken of my child for wrap around/school purposes only.

I understand that I need to complete a separate medical form if I wish wrap around staff to administer prescribed medicines.

I consent to my child administering their own sun cream.

I will provide a named sun hat for my child if needs be.

**Child's Name:**

**Signature of Parent/Guardian:**

**Name of Parent/ Guardian (please print):**

**Date:**